DOCUMENT RESUME

ED 301 568 SP 030 748

TITLE Health Education Community Health Teaching Supports. Grade 8.
INSTITUTION Manitoba Dept. of Education, Winnipeg.
PUB DATE 87
NOTE 64p.
PUB TYPE Guides - Classroom Use - Guides (For Teachers) (052)

EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS *Acquired Immune Deficiency Syndrome; Communicable Diseases; *Grade 8; *Health Education; Junior High Schools; *Life Style; *Public Health; Sex Education

ABSTRACT

This handbook contains suggested teaching activities, student worksheets, background information, and a list of basic resources for teachers of health education. Topics covered are mortality rate, health promotion, the circulatory system, heart disease, majors dimensions of health, and Acquired Immune Deficiency Syndrome (AIDS). Included in the handbook is a teaching unit on AIDS which provides teacher and student background notes and guidelines for class discussions. (JD)

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ED301568

# Health Education Community Health

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RED CROSS

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ALCOHOLICS ANONYMOUS

BLOCK PARENTS

MANITOBA HEALTH

HEALTH AND WELFARE, CANADA

# Teaching Supports

SP 030 748

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## Grade 8

Manitoba Education
Curriculum Development and Implementation

## HOW TO USE THE TEACHING SUPPORTS

This handbook contains suggested teaching activities, student worksheets, background information and a list of basic resources for teachers of Health Education. The materials complement the Health Education curriculum and are keyed to it by grade, unit and student objective number. The set of Teaching Supports is designed for the unit on Community Health.

Not only do the Teaching Supports help children to understand the concepts being taught in this program, but they also serve to inform parents of what their children are learning.

Consider this set of materials as a beginning file or collection of resource ideas that can be modified to reflect both the needs and interests of students and the communities in which they live and learn. The material can be duplicated for classroom use.

The Teaching Supports are correlated to the student objectives in the Health Education curriculum guide. The code in the upper right hand corner of the Teaching support gives the grade and the number of the student objective to which the material is keyed. For instance, the code "1.1.2" indicates that this Teaching Support is geared to the grade one curriculum and to objective 1.2.



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## TABLE OF CONTENTS


8.1.1 Mortality Rate by Age

Primary Causes of Death, 1985

Leading Causes of Death, 1985, Persons Age 10-17, Province of Manitoba

8.2.1 Health Promotion

Regional Boundaries, 1976

Directory of National Health-Related Organizations and Associations of Canada

8.3.1 Teacher Background Notes: The Circulatory System and the Pulse

The Circulatory System

Heart-Lung Circulation

Blood Circulation

8.3.2 Major Pulse Locations

8.3.4 Body Activity and Fitness

8.3.5 Teacher Background Notes: Heart Disease, Risks, Control and Prevention

8.40 Major Dimensions of Health

Teacher Background Notes: Lifestyle

Teacher Background Notes: Well-Being

8.4.3 Prescription for Lifestyle

8.5.0 Introduction: AIDS Information

AIDS Education Lesson

8.5.1 Student Background Notes: AIDS and HIV Infection

Teacher Background Notes: AIDS in Canada: What You Should Know

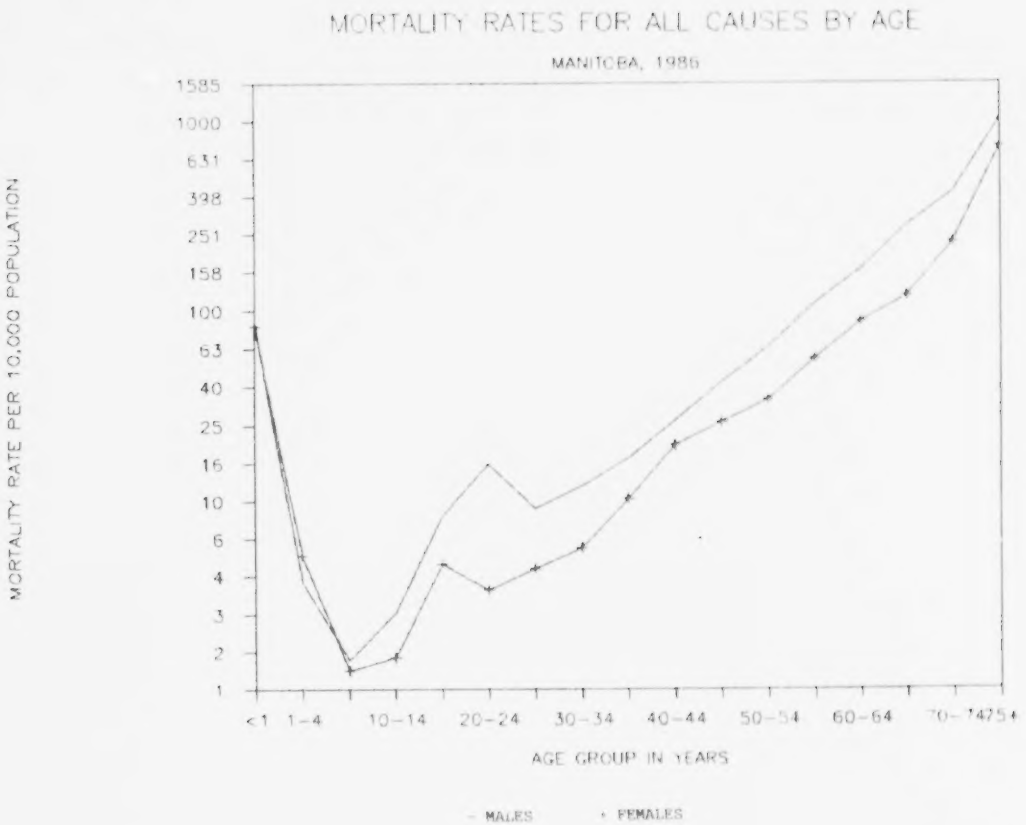
Teacher Background Notes: The Immune System

Student Activity: AIDS Facts and Fallacies Quiz

Teacher Background Notes: Some Questions and Answers About AIDS

8.5.2 Teacher Background Notes: Lifestyle Strategies

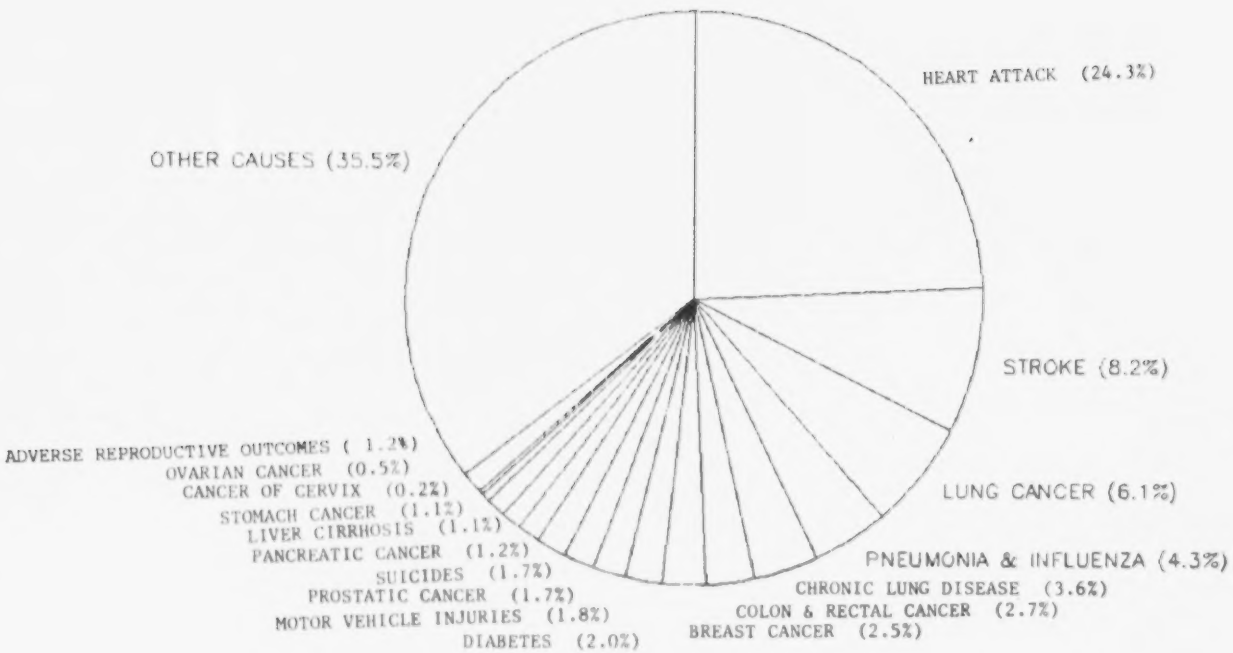
8.5.3 A Case Study Approach




Source: Community Health Services, Manitoba Health.

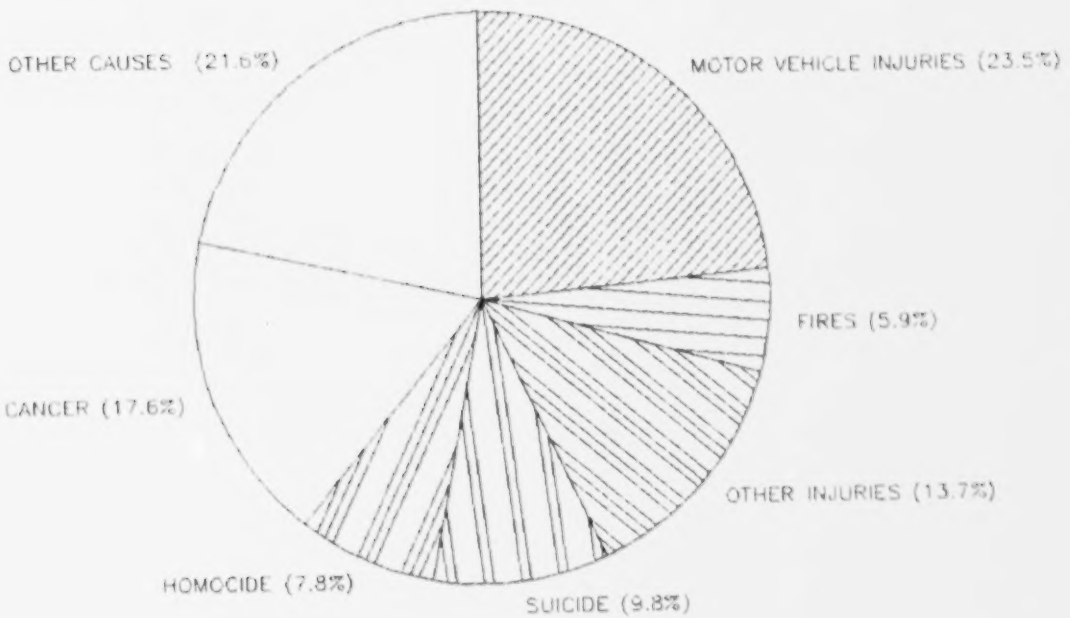
# PRIMARY CAUSES OF DEATH, 1986

MANITOBA, 1986




Source: Community Health Services, Manitoba Health.

# PRIMARY CAUSES OF DEATH AMONG PERSONS AGED 10 - 17 MANITOBA 1986




Source: Community Health Services, Manitoba Health.

## HEALTH PROMOTION

Canada has a strong health care system and its people have a level of health that is envied. However, health care costs are rising and major challenges remain. The present Canadian health care system does not adequately deal with major health concerns of our time. The national challenges, which may differ from regional problems, must be faced in order to achieve health for all (J. Epp, 1986). National challenges include:

- reducing the inequities in the health of people of low economic status,
- finding new, effective ways of preventing chronic illness, injury and disabilities,
- enhancing people's attitudes to manage and cope with chronic conditions, disabilities and mental health problems.

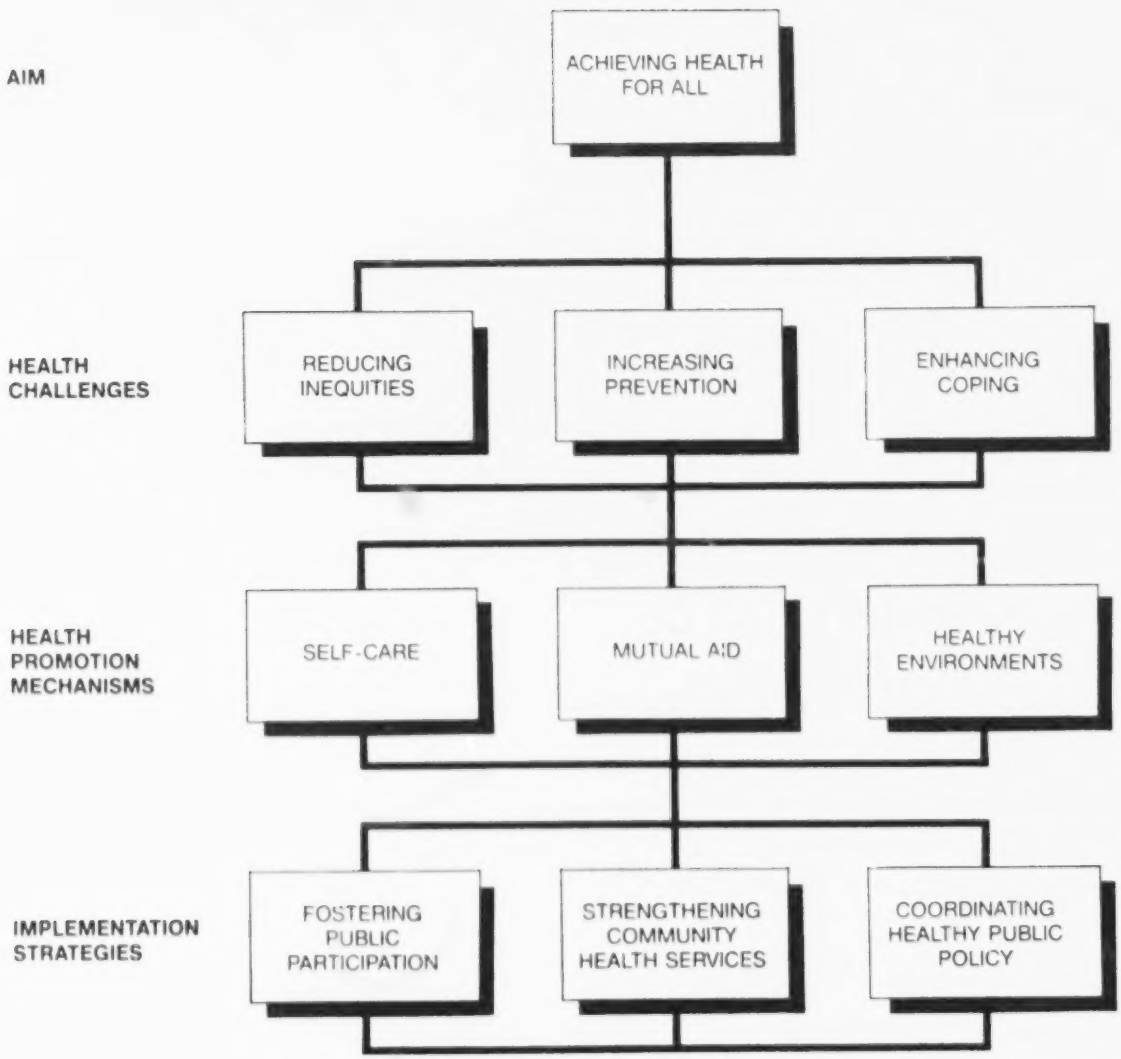
Health promotion is defined as the process of enabling people to act in ways to increase control over and improve their health. It involves:

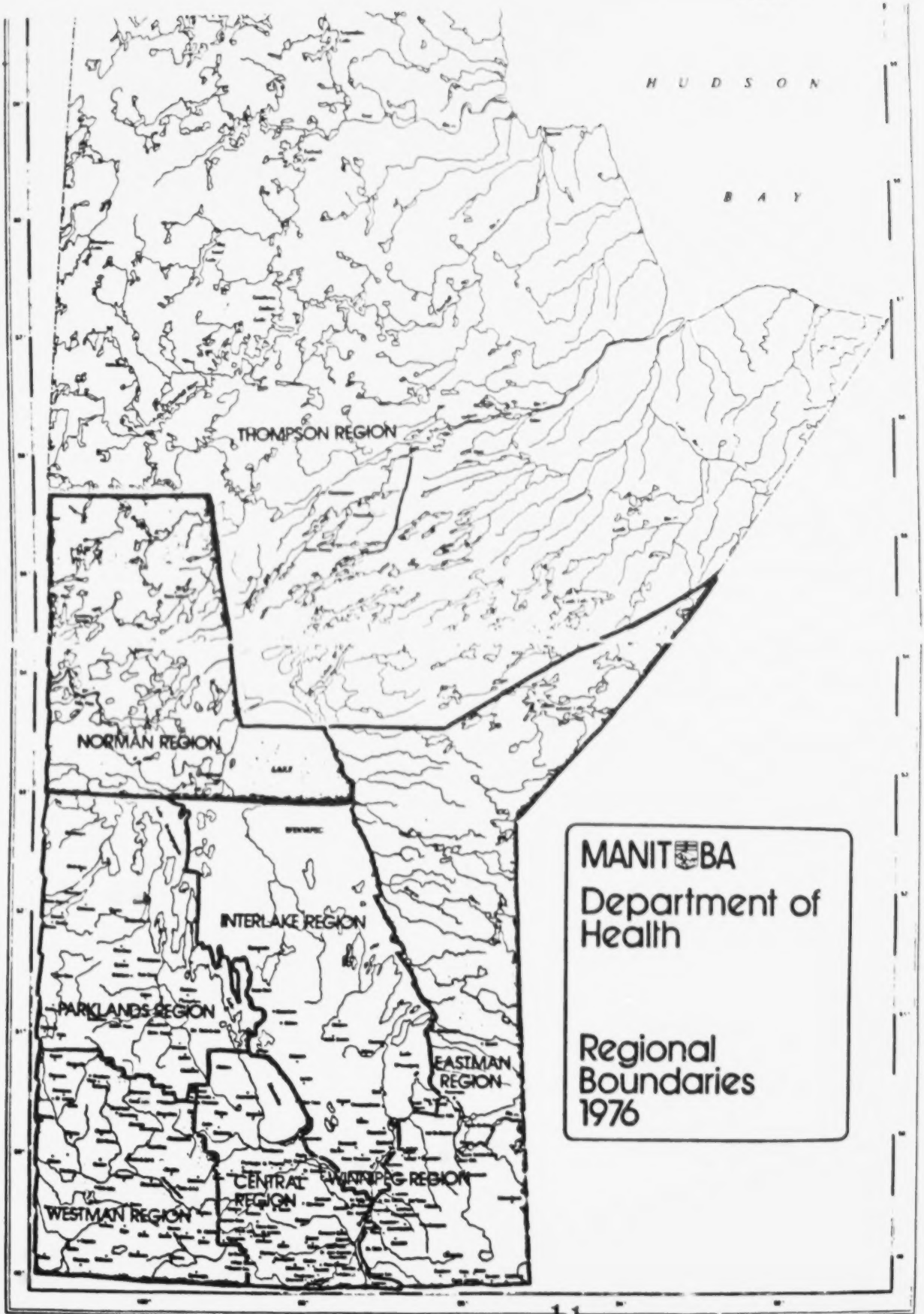
- self care (decisions and actions to improve and protect personal health),
- mutual aid (use of health networks to support individuals within the community who may be ill or disabled),
- health environments (creating and adapting surroundings that are conducive to health).

Strategies to encourage health promotion components include:

- fostering public participation (people are helped to preserve or improve their health),
- strengthening of health services (expand service, roles, coordinate community programs),
- coordinating healthy public policy (to meet health needs of people, healthy policies must be formulated and enacted).

Reference: Jake Epp, Minister of Health for Canada, Achieving Health for All: A Framework for Health Promotion (Ottawa: Health and Welfare Canada, Department of Supply and Services, 1986).


AIM
ACHIEVING HEALTH FOR ALL
HEALTH CHALLENGES
REDUCING INEQUITIES
INCREASING PREVENTION
ENHANCING COPING
HEALTH PROMOTION MECHANISMS
SELF-CARE
MUTUAL AID
HEALTHY ENVIRONMENTS
IMPLEMENTATION STRATEGIES
FOSTERING PUBLIC PARTICIPATION
STRENGTHENING COMMUNITY HEALTH SERVICES
COORDINATING HEALTHY PUBLIC POLICY


HUDSON
BAY
THOMPSON REGION
NORMAN REGION
INTERLAKE REGION
PARKLANDS REGION
EASTMAN REGION
CENTRAL REGION
WINNIPEG REGION
WESTMAN REGION
MANITOBA
Department of Health
Regional Boundaries 1976

# DIRECTORY

## Of National Health-Related Organizations And Associations In Canada

This directory is designed to provide readers of *Health Promotion* with an up-to-date who's who of *national* health-related organizations and associations in Canada. We invite any organization not included or incorrectly listed to write to the Editor at the address listed on the back of the directory.

**Advanced Coronary Treatment Foundation of Canada**
P.O. Box 6313 — Station 'J'
2625 Queensview Drive
Ottawa, Ontario
K2A 3Y4
(613) 596-5850 Ext. 380

**Al-Anon Family Groups (Canada)**
Suite 7
2453 Yonge Street
Toronto, Ontario
M4P 2E8
(416) 486-1888

**Alcohol and Drug Concerns Inc.**
Suite 200
11 Progress Avenue
Scarborough, Ontario
M1P 4S7
(416) 293-3400

**Alcoholics Anonymous**
272 Eglinton West
Toronto, Ontario
M4R 1B2
(416) 487-5591

**Allergy Foundation of Canada**
Box 1904
Saskatoon, Saskatchewan
S7K 3S5
(306) 664-4618

**Allergy Information Association**
25 Poynter Drive, Room 7
Weston, Ontario
M9R 1K8
(416) 244-9312

**Alzheimer Society of Canada**
491 Lawrence Avenue West
Suite 501
Toronto, Ontario
M5M 1C7
(416) 789-0503

**Amytrophic Lateral Sclerosis Society of Canada**
250 Rogers Road
Toronto, Ontario
M6E 1R1
(416) 656-5242

**Arthritis Society**
250 Bloor Street East
Suite 401
Toronto, Ontario
M4W 3P2
(416) 967-1414

**Association canadienne de l'Ataxie de Friedreich**
5620 C.P. Jobin Road
Saint Leonard, Quebec
H1P 1H8
(514) 321-8684

**Autism Society of Canada**
21 Amber Street Unit 13
Markham Ontario
L3R 4Z3
(416) 477-7436

**Big Brothers of Canada**
3019 Harvester Road
Burlington Ontario
L7N 3G4
(416) 639-0461

**Big Sisters of Canada**
2750 Dufferin Street
Fairbank United Church
Toronto Ontario
M6B 3R4
(416) 789-7859

**Boys and Girls Clubs of Canada**
250 Consumers Road
Suite 505
Willowdale Ontario
M2J 4V6
(416) 494-1212

**CMT International**
34 B Bayview Drive
St Catharines Ontario
L2N 4Y6
(416) 937-3851

**Canada Safety Council**
1765 St Laurent Blvd
Ottawa Ontario
K1G 3V4
(613) 521-6881

**Canadian Academy of Sport Medicine**
333 River Road
Vanier Ontario
K1L 8H9
(613) 745-4866

**Canadian Addictions Foundation**
4254 - 93 Street
Edmonton Alberta
T6E 5P5
(403) 450-2299

**Canadian Association for Community Living***
York University Campus
4700 Keele Street
Downsview Ontario
M3J 1P3
(416) 661-9611

**Canadian Association for Health, Physical Education and Recreation**
333 River Road
Vanier Ontario
K1L 8H9
(613) 748-5622

**Canadian Association for Narcolepsy**
Box 223 Station S
Toronto Ontario
M5M 4L7
(416) 782-5930

**Canadian Association of the Deaf**
271 Spadina Road 3rd Floor
Toronto Ontario
M5R 2V3
(416) 928-1350

* formerly Canadian Association for the Mentally Retarded

**Canadian Association on Gerontology**
P O Box 1859
Winnipeg Manitoba
R3C 3R1
(204) 944-9158

**Canadian Association of Hospital Auxiliaries**
17 York Street Suite 100
Ottawa Ontario
K1N 9J7
(613) 238-8005

**Canadian Association of Occupational Therapists**
110 Eglinton Avenue West
3rd Floor
Toronto Ontario
M4R 1A3
(416) 487-5404

**Canadian Association of Optometrists**
77 Metcalfe Street Suite 207
Ottawa Ontario
K1P 5L6
(613) 238-2006

**Canadian Association of Radiologists**
1440 St Catherine Street West
Suite 506
Montreal Quebec
H3G 1R8
(514) 866-2035

**Canadian Association of Schools of Social Work**
55 Parkdale Avenue
Ottawa Ontario
K1Y 1E5
(613) 722-2974

**Canadian Association for Treatment and Study of the Family**
Department of Social Work
Kings College
University of Western Ontario
266 Epworth Avenue
London Ontario
N6A 2M3
(519) 433-3491 Ext. 339

**Canadian Cancer Society**
77 Bloor Street West
Suite 1702
Toronto Ontario
M5S 3A1
(416) 961-7223

**Canadian Cardiovascular Society**
360 Victoria Avenue
Suite 401
Westmount Quebec
H3Z 2N4
(514) 482-3401

**Canadian Celiac Association**
1087 Meyerside Drive
Suite 5
Mississauga Ontario
L5T 1M5
(416) 673-8200

**Canadian Cerebral Palsy Association**
55 Bloor Street East
Suite 301
Toronto Ontario
M4W 1A9
(416) 923-2932

**Canadian Chiropractic Association**
290 Lawrence Avenue West
Toronto Ontario
M5M 1B3
(416) 781-5656

**Canadian Cleft Lip and Palate Family Asscciation**
170 Elizabeth Street
Suite 649
Toronto Ontario
M5G 1E8
(416) 598-2311

**Canadian College of Health Record Administrators**
Canadian Health Record Association
1185 Eglinton Avenue West
Suite 301
Don Mills Ontario
M3C 3C6
(416) 429-5835

**Canadian College of Health Service Executives**
17 York Street
Suite 201
Ottawa Ontario
K1N 5S7
(613) 235-7218

**Canadian Co-ordinating Council on Deafness**
294 Albert Street
Suite 201
Ottawa Ontario
K1P 6E6
(613) 232-2611

**Canadian Council of the Blind**
220 Dundas Street
Suite 610
London Ontario
N6A 1H3
(519) 433-3946

**Canadian Council on Children and Youth**
2211 Riverside Drive
Suite 11
Ottawa Ontario
K1H 7X5
(613) 738-0200

**Canadian Council on Rehabilitation and Work**
209-93 Lombard Avenue
Winnipeg Manitoba
R3B 3B1
(204) 942-4862

**Canadian Council on Smoking and Health**
725 Churchill Avenue
Ottawa Ontario
K1Z 5G7
(613) 722-3419

**Canadian Council on Social Development**
55 Parkdale Avenue
Box 3505 Station C
Ottawa Ontario
K1Y 4G1
(613) 728-1865

**Canadian Cultural Society of the Deaf Inc.**
360 Cumberland Avenue
Suite 1503
Winnipeg, Manitoba
R3B 1T4
(204) 943-7977

**Canadian Cystic Fibrosis Foundation**
586 Eglinton Avenue East
Suite 204
Toronto, Ontario
M4P 1P2
(416) 485-9149

**Canadian Deaf-Blind and Rubella Association**
P.O. Box 1625
Meaford, Ontario
N0H 1R0
(519) 538-3431

**Canadian Dental Association**
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6
(613) 523-1770

**Canadian Dental Hygienists' Association**
1320 Carling Avenue
Ottawa, Ontario
K1Z 7K9
(613) 728-8730

**Canadian Diabetes Association**
78 Bond Street
Toronto, Ontario
M5B 2J8
(416) 362-4440

**Canadian Dietetic Association**
385 Yonge Street
Suite 304
Toronto, Ontario
M5B 1S1
(416) 596-0857

**Canadian Fertility Research Association**
2065 Alexandre de Seve Road
Suite 409
Montreal, Quebec
H2L 2W5
(514) 524-9009

**Canadian Fire Safety Association**
2175 Sheppard Avenue East
Suite 110
Willowdale, Ontario
M2J 1W8
(416) 492-9417

**Canadian Fitness and Lifestyle Research Institute**
294 Albert Street
Suite 506
Ottawa, Ontario
K1P 6E6
(613) 236-0173

**Canadian Foundation for Ileitis and Colitis**
387 Bloor Street East
Suite 402
Toronto, Ontario
M4W 1H7
(416) 920-5035

**Canadian Foundation for the Study of Infant Deaths**
Box 190, Station "R"
Toronto, Ontario
M4G 3Z9
(416) 488-3260

**Canadian Friends of Schizophrenics**
95 Barber Greene Road
Suite 309
Don Mills, Ontario
M3C 3E9
(416) 445-8204

**Canadian Geriatrics Research Society**
351 Christie Street
Toronto, Ontario
M6G 3C3
(416) 537-6000

**Canadian Hard of Hearing Association**
2125 West 7th Avenue
Vancouver, British Columbia
V6K 1X9
(604) 731-8010

**Canadian Health Education Society**
P.O. Box 2305, Station "D"
Ottawa, Ontario
K1P 5W5
(613) 658-5726

**Canadian Hearing Society**
60 Bedford Road
Toronto, Ontario
M5R 2K2
(416) 964-9595
(416) 964-2066 (TDD)

**Canadian Heart Foundation**
1 Nicholas Street
Suite 1200
Ottawa, Ontario
K1N 7B7
(613) 237-4361

**Canadian Hemophilia Society**
100 King Street West
Suite 210
Hamilton, Ontario
L8P 1A2
(416) 523-6414

**Canadian Hospital Association**
17 York Street
Suite 100
Ottawa, Ontario
K1N 9J6
(613) 238-8005

**Canadian Institute of Child Health**
17 York Street
Suite 202
Ottawa, Ontario
K1N 5S7
(613) 238-8425

**Canadian Institute of Public Health Inspectors**
1975 Caribou Court
Sudbury, Ontario
P3A 4W6

**Canadian Liver Foundation**
42 Charles Street East
Suite 510
Toronto, Ontario
M4Y 1T4
(416) 964-1953

**Canadian Long Term Care Association**
135 York Street
Suite 204
Ottawa, Ontario
K1N 5T4
(613) 237-9837

**Canadian Lung Association**
75 Albert Street
Suite 908
Ottawa, Ontario
K1P 5E7
(613) 237-1208

**Canadian Medic-Alert Foundation**
293 Eglinton Avenue East
Toronto, Ontario
M4P 2Z8
(416) 481-5175

**Canadian Medical Association**
1867 Alta Vista Drive
Ottawa, Ontario
K1G 0G8
(613) 731-9331

**Canadian Mental Health Association**
2160 Yonge Street
Toronto, Ontario
M4S 2Z3
(416) 484-7750

**Canadian Mothercraft Society**
32 Heath Street West
Toronto, Ontario
M4V 1T3
(416) 920-3515

**Canadian National Institute for the Blind**
1931 Bayview Avenue
Toronto, Ontario
M4G 4C8
(416) 480-7580

**Canadian Neurological Coalition**
c/o Banting Institute
100 College Street
Suite 126
Toronto, Ontario
M5G 1L5
(416) 596-7043

**Canadian Nurses' Association**
50 The Driveway
Ottawa, Ontario
K2P 1E2
(613) 237-2133

**Canadian Orthopaedic Association**
117 St. Catherine Street West
Suite 225
Montreal, Quebec
H3B 1H9
(514) 844-9818

**Canadian Osteopathic Association**
575 Waterloo Street
London, Ontario
N6B 2R2
(519) 439-5521

**Canadian Paediatric Society**
c/o Children's Hospital of Eastern Ontario
401 Smyth Road
Ottawa, Ontario
K1H 8L1
(613) 737-2728

**Canadian Paraplegic Association**
520 Sutherland Drive, 2nd Floor
Toronto, Ontario
M4G 3V9
(416) 422-5640

**Canadian Pharmaceutical Association**
1815 Alta Visita Drive
Ottawa, Ontario
K1G 3V6
(613) 523-7877

**Canadian Psoriasis Foundation**
P.O. Box 5036, Armdale
Halifax, Nova Scotia
B3L 4M6
(902) 443-5006

**Canadian Psychiatric Association**
225 Lisgar Street
Suite 103
Ottawa, Ontario
K2P 0C6
(613) 234-2815

**Canadian Psychiatric Research Foundation**
220 Yonge Street
Suite 206
P.O. Box 607
Toronto, Ontario
M5B 2H1
(416) 591-9289

**Canadian Public Health Association**
1335 Carling Avenue
Suite 210
Ottawa, Ontario
K1Z 8N8
(613) 725-3769

**Canadian Red Cross Society**
95 Wellesley Street East
Toronto, Ontario
M4Y 1H6
(416) 923-6692

**Canadian Rehabilitation Council for the Disabled**
One Yonge Street
Suite 2110
Toronto, Ontario
M5E 1E5
(416) 862-0340

**Canadian Schizophrenia Foundation**
2229 Broad Street
Regina, Saskatchewan
S4P 1Y7
(306) 757-7969
(306) 757-6065

**Canadian Sickle Cell Society**
1076 Bathurst Street
Suite 305
Toronto, Ontario
M5R 3G9
(416) 537-3475

**Canadian Society for the Prevention of Cruelty to Children**
246 King Street, Box 700
Midland, Ontario
L4R 4P4
(705) 526-5647

**Canadian Stroke Recovery Association**
170 The Donway West
Suite 122A
Don Mills, Ontario
M3C 2G3
(416) 446-1580

**Canadians for Health Research**
P.O. Box 126
Westmount, Quebec
H3Z 2T1
(514) 392-4864

**Catholic Health Association of Canada**
312 Daly Avenue
Ottawa, Ontario
K1N 6G7
(613) 238-8471

**Children's Broadcast Institute**
234 Eglinton Avenue East
Suite 405
Toronto, Ontario
M4P 1K5
(416) 482-0321

**College of Family Physicians of Canada**
4000 Leslie Street
Willowdale, Ontario
M2K 2R9
(416) 493-7513

**Council on Drug Abuse**
698 Westin Road
Suite 17
Toronto, Ontario
M6N 3R3
(416) 763-1491

**Deaf Canadians Readers' Association**
P.O. Box 1291
Edmonton, Alberta
T5J 2M8
(403) 462-3323

**DES Action Canada**
Snowdon, P.O. Box 233
Montreal, Quebec
H3X 3T4
(514) 482-3204

**Epilepsy Canada**
2099 Alexandre de Sève Road, #27
P.O. Box 1560, Station "C"
Montreal, Quebec
H2L 4K8
(514) 876-7455

**Family Service Canada**
55 Parkdale Avenue
Ottawa, Ontario
K1Y 4G1
(613) 728-2463

**Federation of Medical Women of Canada**
1815 Alta Vista Drive
Suite 201A
Ottawa, Ontario
K1G 3Y6
(613) 731-1026

**Health League of Canada**
1560 Bayview Avenue
Suite 304
Toronto, Ontario
M4G 3B9
(416) 486-6023

**Huntington Society of Canada**
13 Water Street North
Suite 3
P.O. Box 333
Cambridge, Ontario
N1R 5T8
(519) 622-1002

**International Social Service Canada**
55 Parkdale Avenue
P.O. Box 3505, Station "C"
Ottawa, Ontario
K1Y 4G1
(613) 728-1865

**Juvenile Diabetes Foundation**
201-4632 Yonge Street
Willowdale, Ontario
M2N 5M1
(416) 224-2633

**Kidney Foundation of Canada**
4060 St. Catherine Street West
Suite 555
Montreal, Quebec
H3Z 2Z3
(514) 934-4806

**La Leche League in Canada**
P.O. Box 70
Williamsburg, Ontario
K0C 2H0

**Learning Disabilities Association of Canada**
323 Chapel Street
Ottawa, Ontario
K1N 7Z2
(613) 238-5721

**Multicultural Health Coalition**
1017 Wilson Avenue
Suite 407
Downsview, Ontario
M3K 1Z1
(416) 630-8835

**Multiple Sclerosis Society of Canada**
250 Bloor Street East
Suite 820
Toronto, Ontario
M4W 3P9
(416) 922-6065

**Muscular Dystrophy Association of Canada**
150 Eglinton Avenue East
Suite 400
Toronto, Ontario
M4P 1E8
(416) 488-0030

**National Anti-Poverty Organization**
456 Rideau Street
Ottawa, Ontario
K1N 5Z4
(613) 234-3332

**National Eating Disorder Information Centre**
1560 Bayview Drive
Suite 203
Toronto, Ontario
M4G 3B8
(416) 483-5219

**National Institute of Nutrition**
1335 Carling Avenue
Ottawa, Ontario
K1Z 8N8
(613) 725-1889

**Non-Smokers' Rights Association**
344 Bloor Street West
Suite 308
Toronto, Ontario
M5S 1W9
(416) 928-2900

**One Parent Families Association of Canada**
6979 Yonge Street
Suite 203
Willowdale, Ontario
M2M 3X9
(416) 226-0062

**Osteoporosis Society of Canada**
76 St. Clair Avenue West
Suite 502
Toronto, Ontario
M4V 1N2
(416) 922-1358

**Palliative Care Foundation**
3 Prince Arthur Avenue
Toronto, Ontario
M5R 1B2
(416) 922-1281

**Parkinson Foundation of Canada**
55 Bloor Street West
Suite 232
Toronto, Ontario
M4W 1H6
(416) 964-1155

**Participaction**
40 Dundas Street West
Suite 220
Toronto, Ontario
M5G 2C2
(416) 977-7467

**Planned Parenthood Federation of Canada**
3rd Floor
323 Chapel Street
Ottawa, Ontario
K1N 7Z2
(613) 238-4474

**Prader-Willi Syndrome Association**
Group 23, Box 9
Dryden, Ontario
P8N 2Y5
(807) 937-5475

**Pride-Canada**
(Parent Resources Institute for Drug Education)
Thorvaldson Building, Suite 110
College of Pharmacy
University of Saskatchewan
Saskatoon, Saskatchewan
S7N 0W0
(306) 343-1100

**Reye's Syndrome Foundation of Canada**
Children's Hospital of Western Ontario
Department of Paediatrics
800 Commissioners Road East
London, Ontario
N6A 4G5
(519) 685-8137

**Serena Canada**
151 Holland Avenue
Ottawa, Ontario
K1Y 0Y2
(613) 728-6536

**St. John Ambulance**
312 Laurier Ave. East
Ottawa, Ontario
K1N 6P6
(613) 236-7461

**Spina Bifida Association of Canada**
633 Wellington Crescent
Winnipeg, Manitoba
R3M 0A8
(204) 452-7580
(204) 563-5582

**Thyroid Foundation of Canada**
P.O. Box 1643
Kingston, Ontario
K7L 5C8
(613) 542-8330

**Tourette Syndrome Foundation of Canada**
173 Owen Boulevard
Willowdale, Ontario
M2P 1G8
(416) 449-4842

**Traffic Injury Research Foundation of Canada**
171 Nepean Street
6th Floor
Ottawa, Ontario
K2P 0B4
(613) 238-5235

**Transplant International**
339 Windermere Road
London, Ontario
N6A 5A5
(519) 663-3300

**Turner's Syndrome Society**
Administrative Studies Building
York University
4700 Keele Street
Downsview, Ontario
M3J 1P3
(416) 736-5023

**United Way/Centraide Canada**
150 Kent Street
Suite 310
Ottawa, Ontario
K1P 5P4
(613) 236-7041

**Vanier Institute of the Family**
120 Holland Avenue
3rd Floor
Ottawa, Ontario
K1Y 0X6
(613) 722-4007

**Victorian Order of Nurses for Canada**
5 Blackburn Avenue
Ottawa, Ontario
K1N 8A2
(613) 233-5694

**World Food Day Association of Canada**
323 Chapel Street
Ottawa, Ontario
K1N 7Z2
(613) 233-9002

**YMCA Canada**
2160 Yonge Street
2nd Floor
Toronto, Ontario
M4S 2A9
(416) 485-9447

**YWCA Canada**
80 Gerrard Street East
Toronto, Ontario
M5B 1G6
(416) 593-9886

## Memo from the Editors . . .

This is the second annual edition of our special directory. We hope it will save you time and energy, and make it easier for you to reach your colleagues in organizations and associations across the country. Periodic updates of the directory will appear in the magazine as we are notified of additions and/or amendments.

The editors are constantly on the lookout for news about national campaigns, resources and publications, special programs and projects, and major conferences, annual meetings and other events of interest. We would be happy to hear from you about your organization's activities. Please bear in mind that material intended for publication must reach us three full months before January 1, April 1, July 1 or October 1, as appropriate.

Send correspondence to the Editor, *Health Promotion*, Health Promotion Directorate, Health and Welfare Canada, Ottawa, Ontario K1A 1B4. Kay Rawlings, the Editor may be reached at (613) 954-8842 and Elizabeth Rajkumar, the Assistant Editor, may be reached at (613) 238-4184.

# Directory update

Since the publication of our National Health Organizations Directory in the Fall 1986 issue of *Health Promotion*, we have learned of the existence of a number of new organizations. There have also been some changes of address. We hope the following update to the directory will help you make and maintain contact with colleagues in health-related organizations and associations across the country. We encourage any national organization not included or incorrectly listed, either in the directory or in the supplement, to let us know as soon as possible.

**Al-Anon Family Groups (Canada)**
National Public Information Committee
P.O. Box 6433, Station J
Ottawa, Ontario
K2A 3Y6
(613) 722-1830

**Canadian AIDS Society**
10233-98th Street
Edmonton, Alberta
T5J 0M7
(403) 424-4767

**Canadian Association for Ileitis and Colitis**
Suite 301
21 St. Clair Avenue E.
Toronto, Ontario
M4T 1L9

**Canadian Association for the Children of Alcoholics**
P.O. Box 159, Station H
Toronto, Ontario
M4C 5H9
(416) 595-6035

**Canadian Association of Practical and Nursing Assistants**
13029-95 Street
Edmonton, Alberta
T5E 3Y2

**Canadian Cerebral Palsy Association**
40 Dundas Street West
Suite 222
P.O. Box 110
Toronto, Ontario
M5G 2C2
(416) 979-7923

**Canadian Coalition for High Blood Pressure Prevention and Control**
c/o Faculty of Medicine
Memorial University of Newfoundland
St. John's, Newfoundland
A1B 3V6
(709) 737-6791

**Canadian Coalition on Depo Provera**
c/o Winnipeg Women's Health Clinic
304-414 Graham Ave.
Winnipeg, Manitoba
R3C 0L8
(204) 947-1517

**Canadian Co-ordinating Council on Deafness**
Suite 203
116 Lisgar Street
Ottawa, Ontario
K2P 0C2
(613) 232-2611

**Canadian Dermatology Foundation**
855 West 10th Avenue
Vancouver, British Columbia
V5Z 1L7
(604) 872-1721

**Canadian Dietetic Association**
480 University Avenue
Suite 604
Toronto, Ontario
M5G 1V2
(416) 596-0857

**Canadian Fitness and Lifestyle**
Research Institute
47 Clarence Street
Suite 200
Ottawa, Ontario
K1N 9K1
(613) 236-0173

**Canadian Hypertension Society**
c/o Dr. R.B. Haynes, Secretary
Health Sciences Centre
McMaster University
Room 3V43
1200 Main Street West
Hamilton, Ontario
L8N 3Z5
(416) 525-9140, ext. 2311

**Canadian Institute of Public Health Inspectors**
P.O. Box 5376, Station F
Ottawa, Ontario
K2C 3J1
(613) 725-1339

**Canadian Pharmaceutical Association**
1785 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6
(613) 523-7877

**Canadian Physiotherapy Association**
Suite 201
44 Eglinton Ave. W.
Toronto, Ontario
M4R 1A1

**Canadian Psoriasis Foundation**
P.O. Box 5036, Armdale
Halifax, Nova Scotia
B3L 4M6
(902) 443-5006

**Canadian Psychological Association**
Vincent Road
Old Chelsea, Quebec
J0X 2N0
(819) 827-3927

**Canadian Red Cross Society**
1800 Alta Vista Drive
Ottawa, Ontario
K1G 4J5
(613) 737-5421

**Canadian Sickle Cell Society**
1801 Eglinton Avenue W.
Suite 204A
Toronto, Ontario
M6E 2H8
(416) 789-7615

**CMT (Charcot-Marie Tooth) International**
34-B Bayview Drive
St. Catharines, Ontario
L2N 4Y6
(416) 937-3851

**DisAbled Women's Network**
122 Galt Avenue
Toronto, Ontario
M4M 2Z3
(416) 694-8888

**National Eating Disorder Information Centre**
Toronto General Hospital
200 Elizabeth Street
College Wing 2-332
Toronto, Ontario
M5G 2C4
(416) 595-4156

**Prader-Willi Syndrome Association**
(Association of Central Canada)
R.R. #3, Richan Road
Dryden, Ontario
P8N 3G2
(807) 937-5475

**Physicians for a Smoke-Free Canada**
Box 4849, Station E
Ottawa, Ontario
K1S 5J1

**Women's Health Interaction**
58 Arthur Street
Ottawa, Ontario
K1R 7B9
(613) 563-4801

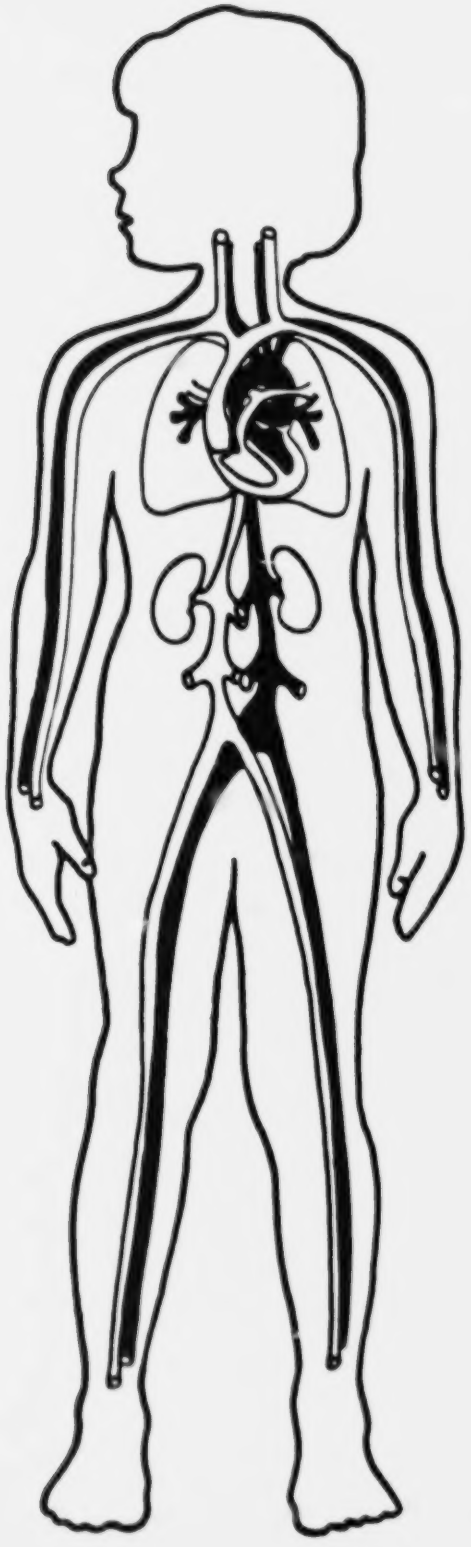
**World Food Day Association of Canada**
255 Argyle Avenue
Ottawa, Ontario
K2P 1B8
(613) 233-9002

## TEACHER BACKGROUND NOTES: THE CIRCULATORY SYSTEM AND THE PULSE

The circulatory system is composed of the heart and three kinds of blood vessels that operate in a closed system. The heart is a muscular hollow organ divided into four chambers--two auricles and two ventricles. It is located in the centre of the chest, between the lungs, under the breast bone (sternum) and above the diaphragm. It transports nutrients and gases in vessels throughout the body. There are three kinds of vessels--arteries, veins and capillaries. The heart acts like two pumps that work side by side. The left side pumps oxygen-rich blood from the lungs to the body. The right side receives blood from the body and pumps it to the lungs where it picks up oxygen and disposes of body wastes called carbon dioxide.

The heart beats day and night at approximately seventy to ninety beats per minute. As it pumps a "lub-dub" sound can be heard as the heart valves open and shut. Heart rate increases with exercise, tension and certain drugs (i.e., nicotine). The speed at which the heart-beat rate returns to normal is one important indication of fitness. The thrust of the blood expanding an artery as the heart beats is called the pulse. The pulse reflects the rate of the heart.

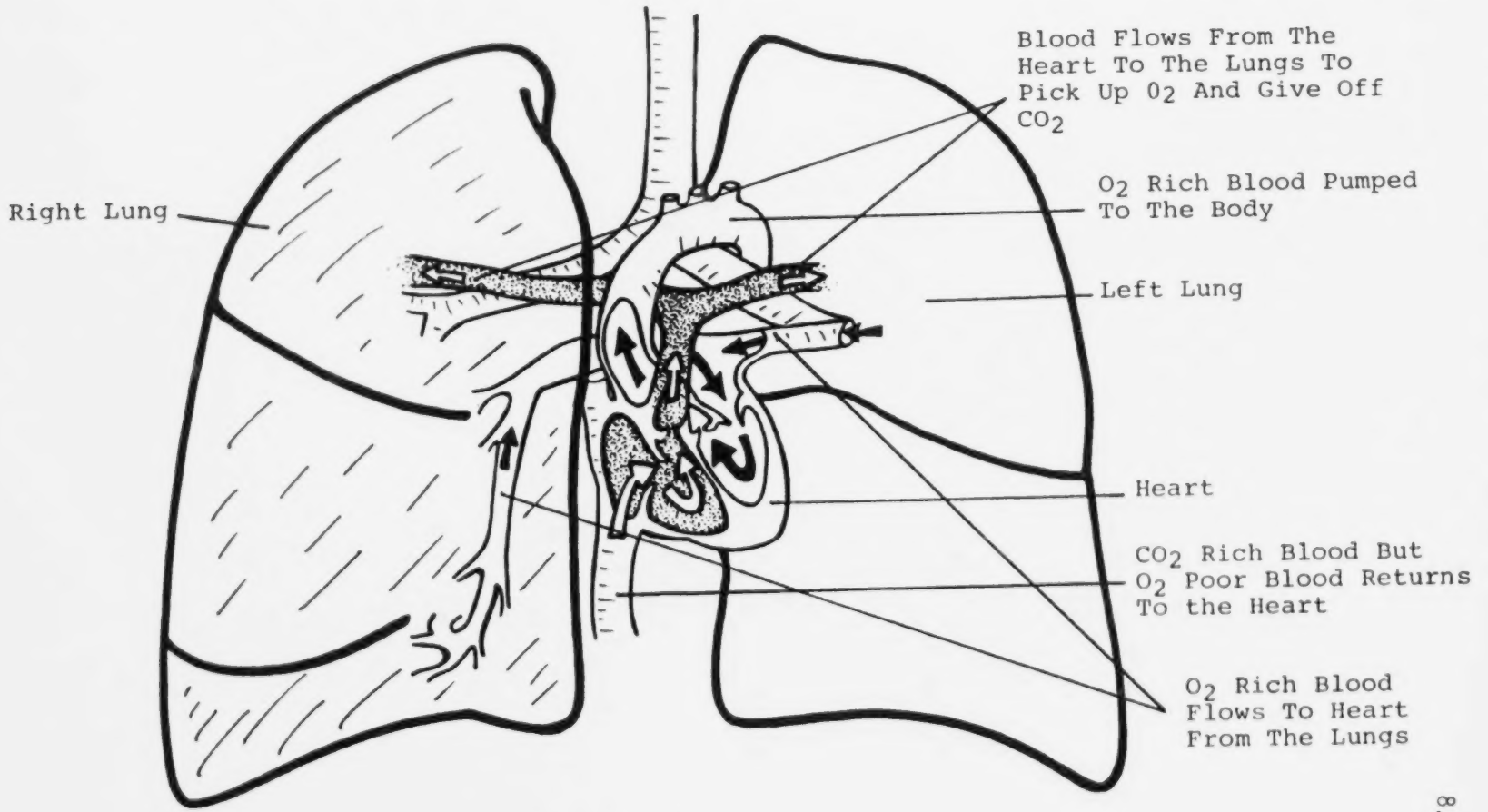
# THE CIRCULATORY SYSTEM





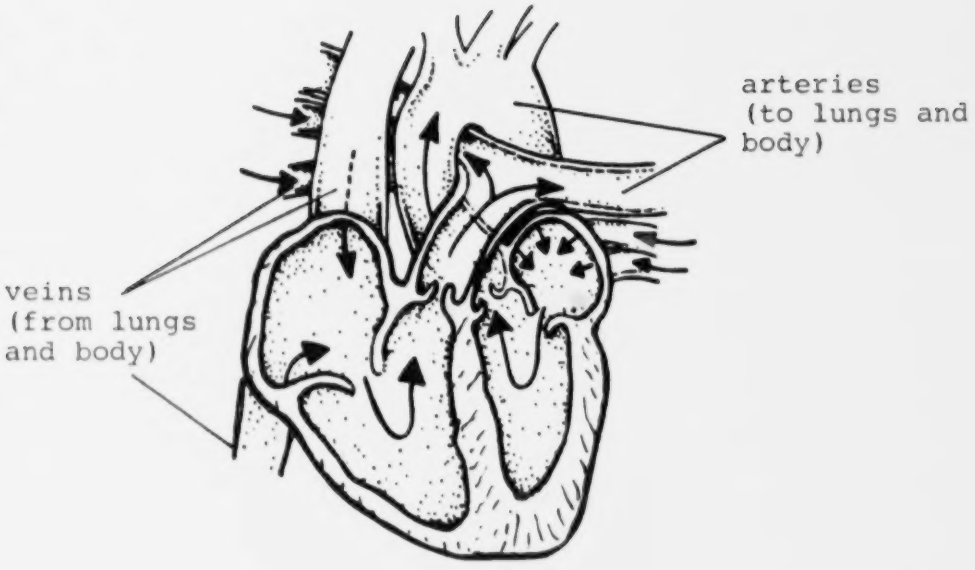
19

# HEART - LUNG CIRCULATION

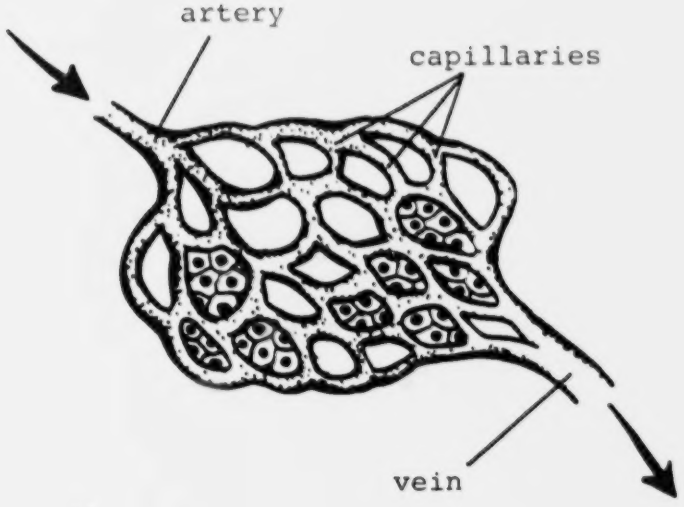

Blood Flows From The Heart To The Lungs To Pick Up $O_2$ And Give Off $CO_2$
$O_2$ Rich Blood Pumped To The Body
Right Lung
Left Lung
Heart
$CO_2$ Rich Blood But $O_2$ Poor Blood Returns To the Heart
$O_2$ Rich Blood Flows To Heart From The Lungs
BLOOD WITH OXYGEN
BLOOD WITHOUT OXYGEN

8.3.1

BLOOD CIRCULATION




HEART

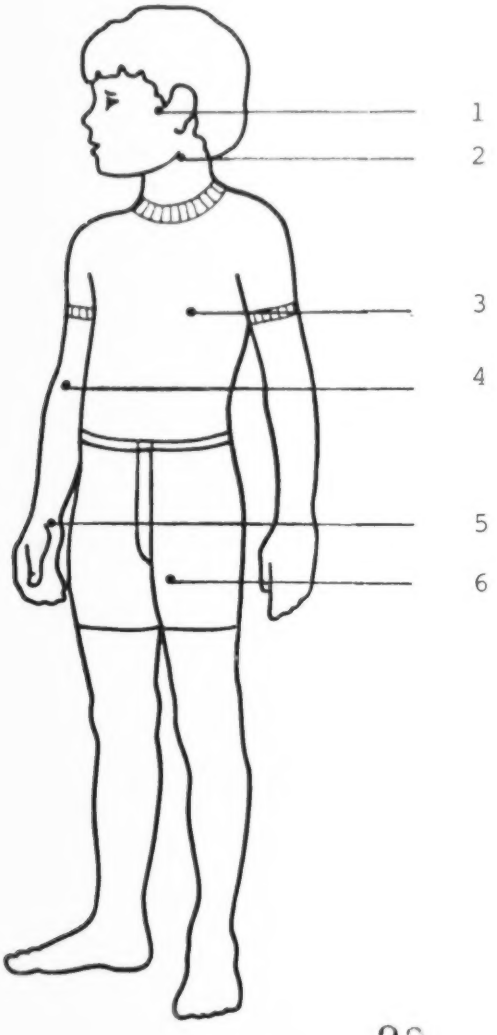


## MAJOR PULSE LOCATIONS

Pulses can be located at several key points on the body. Six common pulses are:

1. temporal (in front of ear)
2. carotid (under jaw)
3. apical (heart)
4. brachial (bend of elbow)
5. radial (base of thumb on wrist)
6. femoral (in groin)
7. pedal (inner ankle)

Most school-aged children of ages 8-15 have approximately 70-85 beats per minute at rest.



BODY ACTIVITY AND FITNESS

Number of Heartbeats per Minute

At Rest _____ Total Number of Heartbeats per Minute

After 1 minute of jogging _____

After 1 minute of jumping _____

After 1 minute of skipping _____

After 1 minute of biking _____

SUMMARY STATEMENT _____

_____

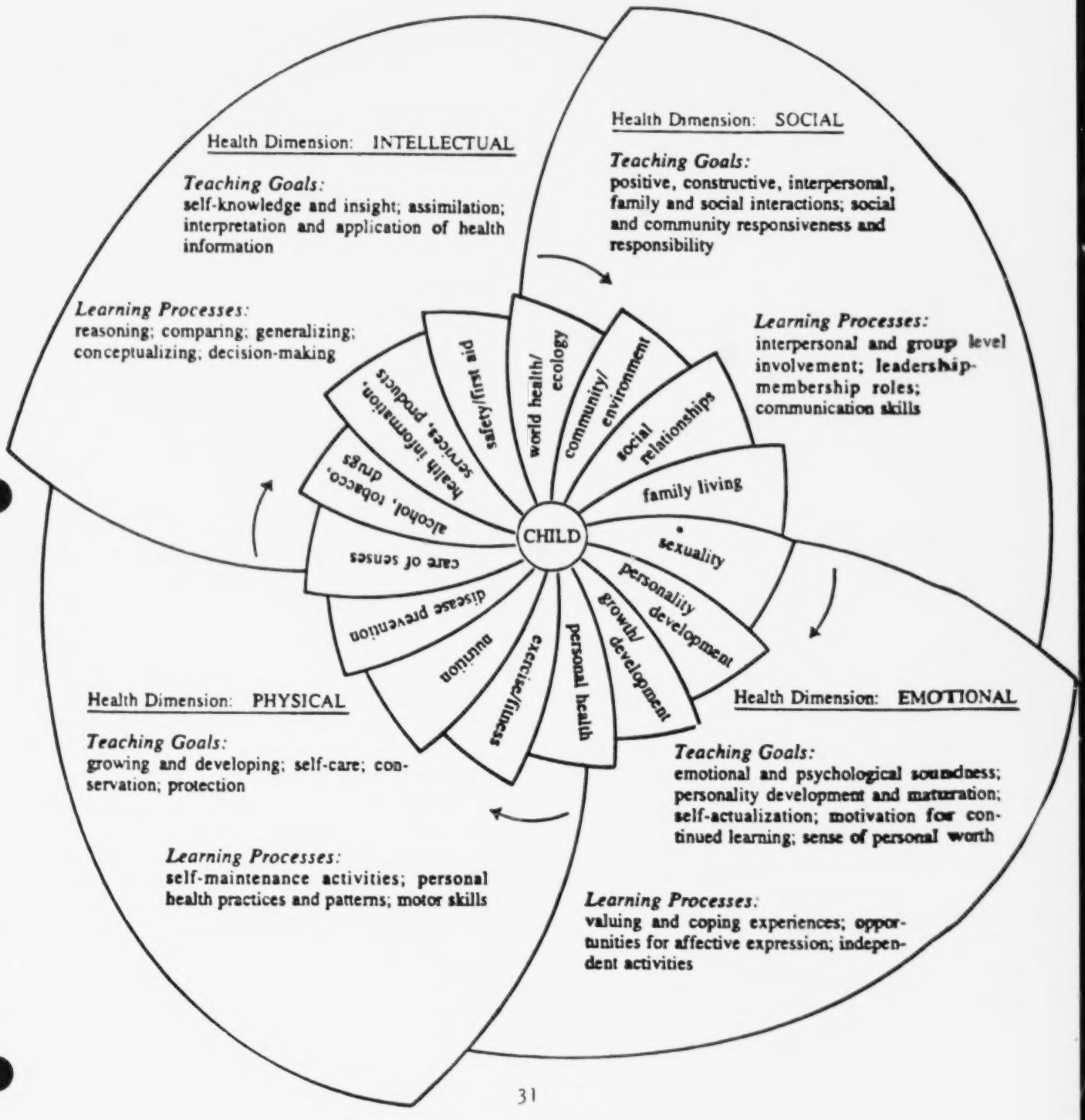
A heart health goal is _____

_____

TEACHER BACKGROUND NOTES: HEART DISEASE, RISKS, CONTROL AND PREVENTION

| RISKS/FACTORS | | CONTROL AND PREVENTION |
|---|---|---|
| High blood pressure | Lack of medical control doubles chances of attacks. Hypertension (+150/90) is called the silent killer. | Usually can be well controlled by medicine, diet and decrease of salt. Early detection of illness important. Have regular checkups. |
| Cholesterol | High serum cholesterol or blood fats contribute to plaque formation in vessels. | Lower cholesterol (high in egg yolk, liver, kidney, shell fish) and saturated fats (high in dairy products, marbled meats, as these contribute to plaque build-up). |
| Smoking | Danger: Carbon monoxide and tars decrease oxygen exchange. Nicotine is a stimulant. Second-hand smoke is a danger. Blood pressure is influenced for two hours after smoking. | Don't smoke; or if you do already, plan for quitting. |
| Diabetes | Unless detected early and controlled, nearly always causes heart damage and other circulatory problems due to increased plaque production. | Not preventable. Regular check-ups and proper medical control. Diet and exercise must be balanced. |
| Heredity | Chances increase if other members of your immediate family have heart or circulatory disease history. | Not preventable. Your heredity cannot be changed. But you can change your health habits to reduce chances. |
| Male gender | Males are more prone than females. | Cannot do anything about this factor. |
| Stress and tension | Certain personality pattern seems prone to attack, i.e., hard-driving, excessively ambitious, pressured by deadlines. | Improved emotional balance lessens stress and tension. Balance achieved through proper rest, food, and relaxation activities. |
| Lack of exercise | Sedentary lifestyle of persons show more risk. | Exercise regularly to target rate. Daily exercise seems to reduce chances of these illnesses. |
| Obesity, overweight | Due to increased workload on the heart, the chance of fatal circulatory disease is five times as high in overweight people. | Less food to reduce calories and maintain proper weight. Exercise to burn off excess weight. |

MAJOR DIMENSIONS OF HEALTH



## TEACHER BACKGROUND NOTES: LIFESTYLE

Lifestyle is a unique pattern of one's daily activities of life. Many categories represent an individual's total lifestyle.

A lifestyle approach to health education is one that depends on individuals taking responsibility for healthful living and identifying, selecting, practicing and evaluating healthful behaviour that are conducive to total health (intellectual, physical, emotional and social). Refer to the K-9 Health Education Overview, pp. 4-5.

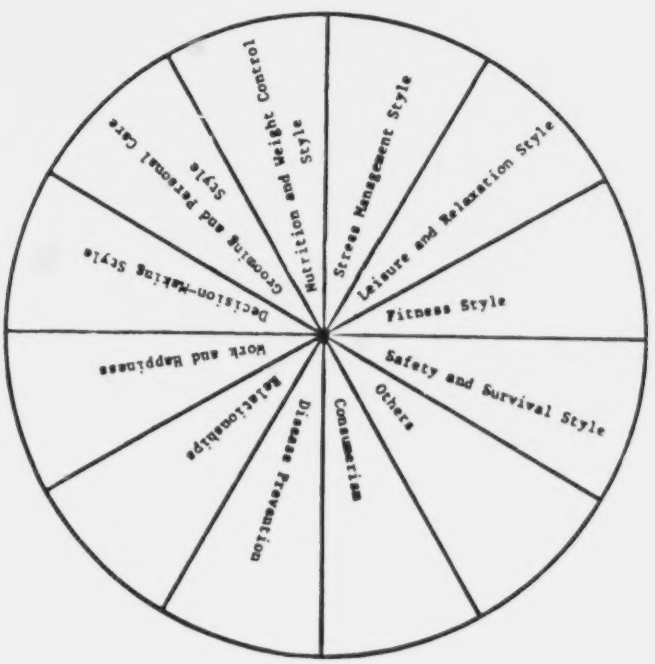
### Lifestyle Patterns

Health education is concerned with bridging the gap between health knowledge, attitudes and health practices.

If one were to record and categorize one's activities for a period of time, the categories would represent components of one's total lifestyle.

Each style of pattern includes skills, patterned responses and habits, knowledge and attitudes that characterize a particular style of living. Some lifestyles contain health practices that may be constructive and promote quality health. Others may include risk factors that are not conducive to health. The curriculum is directed toward promoting positive lifestyle education that, in turn, promotes quality health.

LIFESTYLE PATTERNS



## TEACHER BACKGROUND NOTES: WELL-BEING

There are many definitions of well-being or health. One way to try to grasp the meaning of such an abstract concept is to examine its major dimensions. Well-being can be identified as an individual's quality of life in major areas such as the physical, social, emotional, intellectual, spiritual and cultural. They are part of a whole, are interdependent, and contribute to a qualitative lifestyle. Each expresses a distinct dimension of well-being.

1. Physical (maintenance of body processes)

   Examples:
   - efficient functioning of body systems and organs
   - ability to resist diseases
   - self care

2. Emotional (feelings, thoughts, identity)

   Examples:
   - coping successfully with stress
   - being flexible in social situations
   - feeling worthwhile
   - being content and happy

3. Social (relationships to others)

   Examples:
   - dealing with others with sensitivity, honesty, respect, loyalty
   - having moral standards of conduct
   - communicating appropriately with others
   - having close friends, making new friends
   - behaving in socially acceptable ways
   - feeling responsible for self and others

4. Spiritual (aspirations, ideals, beliefs)

   Examples:
   - having a purpose in life
   - having values, morals, beliefs
   - being able to set goals
   - having courage and creativity
   - appreciating aesthetics

5. Cultural (community identity)

   Examples:
   - taking responsible action in the community
   - attending cultural affairs
   - being a public servant

6. Intellectual (thoughts and ability to think)

Examples:
- acquiring knowledge, positive attitudes and health skills
- formulating health goals
- interpreting health information
- applying health information

The environment (physical, social and cultural) and lifestyle (health behaviour) are two of the most influential factors in determining the quality of one's well-being or health. Health is the sense of balance we attain resulting from interaction within our environment.

Because health is largely determined by our cultural environment, we as teachers can assist children by making the school a cultural environment that reinforces well-being.

# PRESCRIPTION FOR LIFESTYLE

GOAL STATEMENT: (specific goal that the student desires to work towards)

REASONS TO REACH GOAL:

STEPS TO REACH GOAL: (description of steps or behaviour that make goal attainable)

SUPPORTS NEEDED:

30

# PRESCRIPTION FOR LIFESTYLE

PROGRESS NOTES: (how to evaluate the plan)

SUMMARY:

31

# TEACHING ABOUT

# AIDS

## GRADE 8

Manitoba
Education

# ACKNOWLEDGEMENTS

Manitoba Education acknowledges with appreciation the contributions of the members of the Health Education curriculum committee for providing direction for the development of the grades 7, 8 and 9 AIDS Education instructional materials.

Dr. A. Campbell, Regional Operations, Manitoba Health
Adrien De Ruyck, Home and School, Parent-Teacher Federation
John Evans, St. Francois Xavier School, White Horse Plain School Division No. 18
Kathy Hatcher, Pacific Junction School, St. James-Assiniboia School Division No. 2
Mark Miles, Scott Bateman Junior High, Kelsey School Division No. 45
Randy Penner, Morden Elementary, Western School Division No. 47
Bill Schaffer, Superintendent, Souris Valley School Division No. 42
Merle Stepaniuk, W. B. Lewis School, Whiteshell School District No. 2408
Helen Turner, Luxton School, Winnipeg School Division No. 1
Ken Valainis, William S. Patterson School, Lord Selkirk School Division No. 11
Myrtle Wiancko, Bertrun E. Glavin School, River East School Division No. 9
Mary Brown, Curriculum Development and Implementation Branch, Manitoba Education (until June 1987)
Jules Comeault, Bureau de l'Education française, Manitoba Education
Joyce MacMartin, Curriculum Development and Implementation Branch, Manitoba Education

Manitoba Education acknowledges the significant contribution of the following health professionals. These Manitoba Health staff members provided accurate information for these materials and reviewed each draft:

Dr. Margaret Fast, Director, Communicable Disease Control
Pat Matusko, Coordinator, AIDS Program, Communicable Disease Control
Heather Donaldson, Health Educator, AIDS Program, Communicable Disease Control

In addition, Manitoba Education is indebted to the Minister's Advisory Council on AIDS for its assistance in reviewing the interim curriculum documents and resources related to AIDS Education in public schools.

Nancy Sullivan (Chairperson), Assistant Deputy Minister, Post-Secondary, Adult and Continuing Education, Manitoba Education
David Church, Director, Communications Branch, Manitoba Education
Adrien De Ruyck, President, Home and School, Parent-Teacher Federation
Chi Emerawa, Vice-President, University of Winnipeg Students' Association
Dr. Margaret Fast, Director, Communicable Disease Control, Manitoba Health
Dr. N. Goldberg, Canadian Medical Association-Manitoba Division
Lee Holleron, President, University of Winnipeg Students' Association
Shelley Ireland, President, Brandon University Students' Union
Dr. Norm Isler, President, Manitoba Association of School Superintendents
Glen Murray, Village Clinic
Carman Neufeld, Executive Council, Manitoba Government

Dr. Lindsay Nicolle, Associate Professor, Department of Clinical Microbiology, University of Manitoba
Dr. Rey Pagtakham, Manitoba Association of School Trustees
Grace Parasuik, Director, Curriculum Development and Implementation Branch, Manitoba Education
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Roger Procyk, Red River Community College Students' Union
Strini Reddy, Chief Superintendent, Frontier School Division
Stewart Smith, University of Manitoba Students' Association
Jack Smyth, Superintendent, Winnipeg School Division No. 1
Ursula Stelman, Manitoba Public Health Association
Valerie Wake, President, Manitoba Teachers' Society

## INTRODUCTION: AIDS INFORMATION

This document is the Community Health Teaching Support for Grade 8 which includes teacher and student background notes and student activities. School divisions may wish to examine the AIDS materials at each of grades 7, 8 and 9 to select the most appropriate material to use with each grade.

The prime responsibility for education about issues of sexuality, including AIDS, rests with the family. Parents provide love and nurturing which are the foundations of many future values and attitudes concerning sexuality. Family living is strengthened by parents who take an active role in communicating with their children. It is clear to parents and teachers that young people must have information, guidance and support if they are to make wise decisions. The facts of AIDS are frightening; yet, each student has the ability to avoid exposure to this disease.

Teenagers are capable of making wise choices. Parents, teachers and friends can help in the process by sharing information both about the disease and family values in regard to it and also by providing support. A health-promotion focus is particularly useful in instruction about AIDS because it emphasizes the whole individual and the general influence of lifestyle on social, emotional, physical, intellectual, cultural and spiritual well-being. This focus, with its emphasis on self-responsibility and sound decision making, provides a means to reach the ultimate goal of preventing AIDS through education and social action.

Teachers should exercise taste, discretion, and sensitivity in dealing with this topic. It is hoped that the suggested teaching strategies contained in this resource will be of assistance to teachers in planning lessons on AIDS that will meet the needs and interests of students. The focus is on information sharing at grade 7; values, peer pressure, and decision making at grade 8, and the influence of the media at grade 9. The strategies are intended to help students to act on their knowledge and to make positive decisions about their health. The responsibility for the selection of teaching ideas remains at the school level. Modification of the suggestions may be made to suit the needs and interests of students and community members.*

Information about the disease AIDS is based on information available as of of November, 1987.

*Information contained in the package has been drawn from Education About AIDS, prepared by the Ontario Ministry of Education in September 1987. Used with permission.

Resources to Support the Curriculum

AIDS Education - 7-9 (videorecording)
1 videorecording (60 min.) sd. col.
SUMMARY: This tape consists of three programs, "The Immune System and AIDS," "AIDS: What Every Kid Should Know" and "Your Biological Guide to AIDS." It is recommended for use in grdaes 7 to 9 by the Curriculum Development and Implementation Branch, Manitoba Education.
Audience Level: Grades 7-9
Availability: January, 1988.

# AIDS EDUCATION LESSON

**GRADE 8** — **5.0 A Serious Health Problem: AIDS and Human Immunodeficiency Virus Infection**

**TOPIC:** AIDS and HIV Infection

**STUDENT OBJECTIVES:**

The student should be able to:

1. know the cause, nature, methods of transmission, and prevention of AIDS and HIV infection,
2. recognize the role that values play in determining health behaviour related to AIDS,
3. recognize the pressures young people encounter to become sexually active,
4. discuss the problems of discrimination against people with HIV infection.

**SUGGESTED STUDENT ACTIVITIES:**

- Participate in a lecture/discussion about the cause, nature, methods of transmission, and prevention of the Human Immunodeficiency Virus infection and AIDS.
- View a video or participate in a class discussion led by a medical doctor, public health nurse or health educator.
- Complete a quiz: "AIDS Facts and Fallacies Quiz."
- Discuss, in small groups, case studies on values-awareness, decision making, and sexual influences and pressures on teens.

**RESOURCES:**

1. Teaching Supports, 8.5.1, "Student Background Notes: AIDS and HIV Infection."
2. Teaching Supports, 8.5.1, "Teacher Background Notes: AIDS in Canada: What You Should Know" (Minister of National Health and Welfare).
3. Teaching Supports, 8.5.1, "Teacher Background Notes: The Immune System."
4. Teaching Supports, 8.5.1, "Student Activity: AIDS Facts and Fallacies Quiz" (Education About AIDS, Ontario Ministry of Education, September 1987).
5. Teaching Supports, 8.5.1, "Teacher Background Notes: Some Questions and Answers About AIDS" (Education About AIDS, Ontario Ministry of Education, September 1987).
6. Teaching Supports, 8.5.2, "Teacher Background Notes: Lifestyles Strategies" (Gow, Kathleen, Yes, Virginia, There is Right and Wrong, Toronto: John Wiley, 1980 and Education About AIDS, Ontario Ministry of Education, September 1987).
7. Teaching Supports, 8.5.3, "A Case Study Approach" (Education About AIDS, Ontario Ministry of Education, September 1987).
8. Videotape--Junior High Series.

## DESCRIPTION OF LESSON

I. INTRODUCTION

Introduce the lesson by explaining that AIDS is a breakdown of the body's immune system--its natural defence against disease. AIDS is caused by a virus--the Human Immunodeficiency Virus (HIV)--which attacks the body's immune system. It is preventable if individuals know about the disease and its transmission and make decisions to abstain from behaviour which might put them at risk.

II. SUGGESTED STUDENT ACTIVITIES

A. Using either a medical presenter (doctor, public health nurse, or health educator), or a combination of a videotape presentation, lecture and/or discussion, present information about:

- causative organism,
- stages of disease: incubation, carrier, ARC and AIDS with its opportunistic diseases (skin cancer, pneumonia, brain infection),
- methods of transmission,
- preventive measures.

B. Have students complete the quiz to determine general knowledge of AIDS and AIDS-related virus activity. Discuss the answers.

C. Have students, in small groups, discuss some case studies found in the "Lifestyle Strategies." Review decision making and universal values.

Teacher Note: These strategies are intended to help students act on their knowledge and to make positive health decisions. The responsibility for the selection of case studies remains at the school level. Modification of the strategies may be made to suit the needs and interests of students and the needs of their community.

In a large group, discuss the findings.

III. SUMMARY

Reinforce the idea that AIDS infection is preventable. Knowledge of the cause, the methods of transmission, and the means of preventing AIDS will enable students to abstain from behaviour which might put them at risk.

## STUDENT BACKGROUND NOTES: AIDS AND HIV INFECTION

**CAUSE**

Virus called Human Immunodeficiency Virus (HIV)

**TRANSMISSION**

Direct contact through:

1) sexual intercourse with an infected partner;
2) use of contaminated blood/blood products;
3) the placenta of a pregnant woman to her infant, before or during birth;
4) use of contaminated needles (intravenous drug abuse).

**NATURE OF DISEASE**

- The virus multiplies inside and kills specific white cells of the immune system.
- The host may be mildly or very ill and becomes a carrier.
- Once the immune system is weakened, other disease organisms invade the body causing skin cancer, pneumonia, or brain infections; this is classic full-blown AIDS, and it is progressively fatal.

**PREVENTION**

1) Sexual abstinence (No Risk)
2) Faithful relationships with uninfected partner (No Risk)
3) Use of latex condoms in sexual intercourse outside of mutually faithful relationships to avoid exchange of body fluids (Risk)
4) Testing of exposed people for HIV antibodies before considering conception and avoiding pregnancy if test is positive (No Risk to Fetus)

**PERSONAL**

Responsibility to protect oneself and others is necessary to prevent person-to-person transmission of HIV infection.

**TEACHER BACKGROUND NOTES: AIDS IN CANADA: WHAT YOU SHOULD KNOW**

Prepared by the National Advisory Committee on AIDS

Published by authority of
The Minister of National Health and Welfare
1986

Most Canadians have heard of the Acquired Immunodeficiency Syndrome - AIDS. Many people are very fearful and concerned about the spread of this illness. This pamphlet answers commonly asked questions about AIDS, its cause, how it can be spread and how it can be prevented. The information presented is based on the current scientific knowledge about this illness.

Prevention is the key to the control of AIDS.

What is AIDS?

AIDS is a breakdown of the body's immune system--its natural defence against disease. Without this protection, a person is vulnerable to illnesses which a healthy immune system can prevent.

A person with AIDS fights an ongoing battle against many illnesses. Rare forms of pneumonia, skin cancer or brain infection may occur and are often fatal.

What Causes AIDS?

AIDS is caused by a virus--commonly called the Human Immunodeficiency Virus (HIV)--which attacks the body's immune system. Infection with this virus does not always lead to AIDS. Infected persons may have a mild illness or none at all. As yet, it is not known why some people become ill and others do not. The amount of virus, as well as infection by other viruses, may influence the development of AIDS.

Who Gets AIDS?

Most persons with AIDS have been exposed to the virus through sexual intercourse with infected individuals. In Canada, AIDS has occurred primarily among homosexual or bisexual men. Over three-quarters of reported cases of AIDS belong to this group. The infection can also be transmitted sexually from men to women and women to men. Two per cent of Canadian cases have acquired the infection in this way.

AIDS has occurred in a small number of people who have received blood product therapy or blood transfusions that have come from donors who are infected with the virus. This represents three per cent of Canadian cases of AIDS.

AIDS has also occurred in intravenous drug users, who spread the virus by sharing needles and syringes contaminated with blood from someone infected with the virus. Only one Canadian case has been reported. In the United States, however, 17 per cent of AIDS cases are intravenous drug users.

The infection can be transmitted from an infected mother to her baby during pregnancy. In Canada four per cent of AIDS cases are children who most likely were infected in this way. Transmission of the infection in breast-milk has been reported in one infant in Australia.

AIDS has also occurred among recent immigrants from some areas in the Caribbean and Central America where AIDS is widespread. These people have been infected in the same ways as in North America--by sexual activity with an infected person or exposure to contaminated blood.

## Is There Any Treatment for AIDS?

At this time, there is no treatment which can repair the breakdown of the body's immune system. Treatments are available for many of the illnesses which develop because of the weakened immune system. However, AIDS is usually fatal. Most patients have died within three years. Researchers around the world are studying drugs which may combat the virus.

HIV infection does not always lead to AIDS. Many persons have a mild illness or no symptoms at all. The questions and answers which follow provide current information on HIV infection.

## What Are the Symptoms of HIV Infection?

A person who has HIV infection may feel completely well and have no symptoms. Some people develop some of the following symptoms: swelling of glands in the neck, armpits and groin, a thick white coating on the tongue or throat, unexplained weight loss, persistent diarrhea, a harsh dry cough, tiredness, fever, or night sweats. Remember: these symptoms often occur with other common illnesses unrelated to HIV infection, which are easily treated. Do not assume you have AIDS if you have some of these symptoms--see a doctor! AIDS is diagnosed when HIV infection causes a complete breakdown of the immune system and rare illnesses develop.

## Is There a Test for the Virus (HIV)?

At the present time, blood can routinely be tested only for "signs" of the virus. These "signs" are special blood components called "antibodies" which form in response to the virus. The blood test is available only at the request of a physician.

## What Does a Positive HIV Antibody Test Mean?

If antibodies to HIV are found in the blood, it means the person has been infected with this virus at some time. This is NOT a test for AIDS. A positive test result does NOT indicate whether or not the person will get AIDS at some time in the future. It does NOT mean the person is immune to the virus. It DOES mean that the person may have the virus in his/her body and could pass it to others.

## What Does a Negative HIV Antibody Test Mean?

Usually it means that the person has not been infected with the virus.

## Can an Infected Person Pass the Virus to Others?

Yes, if the person has the virus in his/her body, he/she may give it to someone else in one of these ways:

- through sexual intercourse
- by sharing blood-contaminated needles and syringes for injecting drugs or medication
- from mother to baby during pregnancy
- by donating blood, organs or sperm which are then given to others

## How Contagious is HIV Infection?

The virus cannot be spread through the air by coughing or sneezing. Physical contact that does not involve exchange of body fluids will not transmit the infection. This includes shaking hands, hugging, and kissing (without exchange of saliva). Insects do not spread the virus. It is not transmitted by swimming in the same pool, using the same toilet, using the same telephone, or sitting next to an infected person. Studies of household members of infected persons have shown that no one has contracted the infection except by sexual activity or transmission from mother to baby during pregnancy.

## What Can Be Done to Prevent Contracting HIV Infection?

People infected with the virus may seem completely healthy and may not even know they have it. Everyone should take precautions to protect himself/herself from becoming infected.

Do not have sex with many different people. The more partners you have, the greater the chance of having sex with someone who is infected.

Know your partner. Use condoms if there is any possibility your partner has been exposed to or is infected with HIV. A history of intravenous drug-use or of many sexual partners increases the chance that a person may have been infected.

Do not share needles and syringes with anyone.

What Can Be Done to Prevent the Spread of this Infection?

If a person knows he/she is infected, precautions must be taken to prevent passing the virus on to another person.

Use condoms during sexual intercourse. The proper use of condoms is likely to prevent infection with the virus carried in semen.

Do not have anal intercourse. It can cause sores or cuts in the rectum, and the virus may get into the bloodstream through these breaks. If you do have anal intercourse, use a condom.

Oral sex may spread the infection if semen containing the virus comes in contact with open sores or cuts in the mouth.

Do not allow semen, blood, urine or feces to enter the body of a sexual partner.

Infected women should use a safe method of contraception to avoid pregnancy until more is known about the risks of transmission from mother to the baby.

Never share needles and syringes with anyone.

Do not donate blood, organs or sperm.

Can a Person Become Infected by Donating Blood?

ABSOLUTELY NOT. There is no chance of getting the virus by donating blood to the Blood Transfusion Service of the Canadian Red Cross Society. All equipment used is sterile. Needles are new and used only for one one donor. They are never re-used.

Can a Person Become Infected with the Virus by Receiving a Blood Transfusion?

The risk is very low--much lower than the risk of not having a transfusion if required for medical reasons. The Blood Transfusion Service of the Canadian Red Cross Society is taking all possible precautions to protect the blood supply and prevent the spread of infection through blood transfusion. All donors are given information on AIDS, and people who may be at risk of having the virus are asked not to donate blood. Since November 1985, all blood donations have been tested for signs of the virus (antibodies). If these are found, the blood is not used for transfusion.

Can the Virus be Spread by Equipment Used by Doctors, Dentists or Optometrists?

There is no evidence to indicate that the virus is spread in this way. Sterilization techniques commonly used will kill the virus.

## Can the Virus Be Spread by Equipment Used for Electrology, Acupuncture, Tatooing or Ear Piercing?

Not if correct sterilization techniques are used. The virus is destroyed by heat (soaking equipment at 56° C for 10 minutes) and by common household bleach solution (soaking for 10 minutes). Ask if new equipment is used for each client. If instruments are re-used, ask if they are properly sterilized after each client.

If you have any questions, contact the National Advisory Committee on AIDS, c/o Laboratory Centre for Disease Control AIDS Centre, Health and Welfare Canada, Ottawa, K1A 0L2. (Telephone: 613-993-7711)

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## TEACHER BACKGROUND NOTES: THE IMMUNE SYSTEM

### Immunity

Immunity, when applied to health, refers to your body's ability to fight off disease.

### First Line of Defence (Mechanical Defence)

The first line of defence includes unbroken skin, mucous membrane, tiny hairs/cilia, earwax, and tears. This line serves primarily as a shield against antigens (e.g., viruses).

### Second Line of Defence: The Immune System (Biochemical and Cellular Defences)

The immune system includes phagocytes (eating cells): leucocytes (white blood cells), and macrophages. The body mobilizes the second line of defence if an antigen enters the body. The battle makes the infected areas sore and tender. Pus (destroyed cells and antigens) may accumulate, and move to the lymph nodes.

### Third Line of Defence (Acquired Defences) (Another part of the immune system)

The third line of defence is composed of antibodies. The presence of an antigen stimulates the body to acquire (develop) antibodies. These antibodies then seek and destroy the antigen.

Some antibodies remain in the blood after the battle, providing immunity from future attacks by the same antigen. For this reason, a person who has had mumps or measles is unlikely to have that disease again. The body has acquired immunity from these diseases.

### Natural Active Acquired Immunity

Natural, active, acquired immunity occurs when a body forms antibodies that will:

a) seek and destroy an antigen;
b) remain in the body, protecting the body from future attack by the same antigen.

### Artificial Active Acquired Immunity

Artificial, active, acquired immunity occurs when a body is stimulated by a vaccine to produce antibodies.

Vaccination (also known as immunization, inoculation) is a treatment in which the body receives a modified strain of disease. The body is stimulated by this dose and produces antibodies that will remain in the blood, protecting the body from future attacks by the disease-causing antigen.

## Artificial Passive Acquired Immunity

Artificial, passive, acquired immunity occurs when the body receives an injection of antibodies that will protect the body from an attack by a specific antigen. This is a short-term immunity providing protection until the body can actively acquire (develop) its own immunity to the antigen.

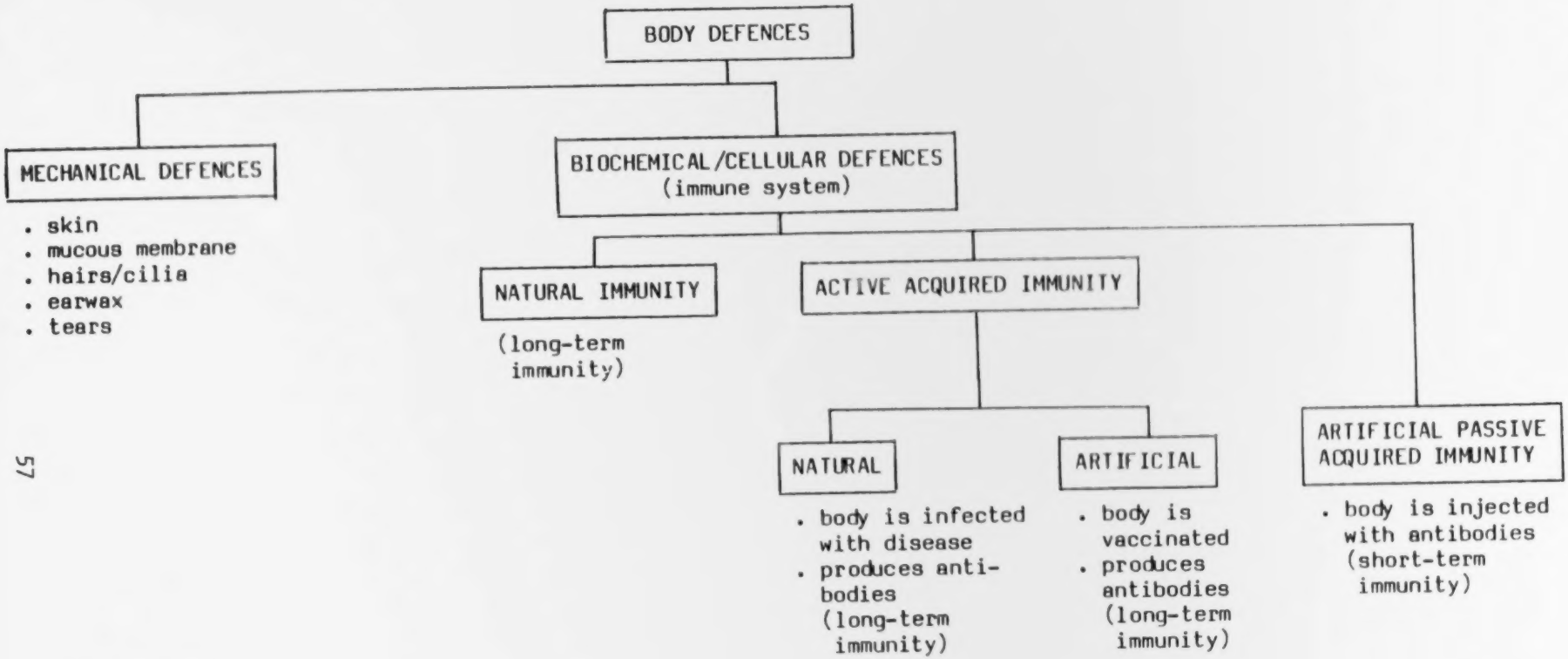
## Maintaining Immunity

Almost all children are immunized against rubella, rubeola, mumps, whooping cough, diphtheria, tetanus, and polio. Many people will get immunized against the following before travelling to foreign countries: typhoid, cholera and yellow fever.

It is important to keep track of the immunizations you have had and when you have had them. It is also important to periodically get booster shots.

## Immune System Problems

Sometimes a body can be immune-deficient. Even minor infections can become life-threatening. Some people are born with immune deficiency. Some people acquire immune deficiencies, e.g., contacting HIV, or using immuno-suppresnt drugs.


BODY DEFENCES
MECHANICAL DEFENCES
. skin
. mucous membrane
. hairs/cilia
. earwax
. tears
BIOCHEMICAL/CELLULAR DEFENCES
(immune system)
NATURAL IMMUNITY
(long-term immunity)
ACTIVE ACQUIRED IMMUNITY
NATURAL
. body is infected with disease
. produces anti-bodies (long-term immunity)
ARTIFICIAL
. body is vaccinated
. produces antibodies (long-term immunity)
ARTIFICIAL PASSIVE ACQUIRED IMMUNITY
. body is injected with antibodies (short-term immunity)

57

**STUDENT ACTIVITY: AIDS FACTS AND FALLACIES QUIZ**

Teachers should select the test items which are suitable for the age level of the students and the sensitivities of the community. The AIDS facts and fallacies quiz can be completed by students as an introduction to the topic of AIDS. They should then review a videotape or film and take part in a question-and-answer session which will give them information on various aspects of AIDS. They can complete the quiz again after the AIDS lessons to determine how much they have learned.

Aids Quiz

For each statement below, circle the letter (T, F, or U) that reflects your belief about the statement. The purpose of this quiz is to assess how much you already know about AIDS.

Answer Key: T = True; F = False, U = Undecided

T F U 1. Everyone infected with HIV has developed AIDS.

T F U 2. HIV itself usually does not kill the person.

T F U 3. A person having the virus can pass it on even though that person shows no symptoms of AIDS.

T F U 4. The exchange of certain body fluids, such as semen or blood, during sexual activity is a way of transmitting the virus.

T F U 5. Drug abusers who share drug needles and syringes run a very high risk of developing AIDS.

T F U 6. A person can get HIV infection from giving blood.

T F U 7. Only homosexual and bisexual men get AIDS.

T F U 8. Women can pass on the virus to sex partners.

T F U 9. A positive antibody test for HIV always means that the person has got or will get AIDS.

T F U 10. Students who have engaged in high-risk sexual or drug-abusing behaviour can get confidential AIDS testing and counselling.

Source: Education About AIDS, Ontario Ministry of Education, September, 1987. Part C, p. 8. Used with permission.

T F U 11. The virus that causes AIDS can be spread through everyday social contact, such as touching or being near a person with AIDS.

T F U 12. A person who abstains from sexual intercourse, or uninfected partners who remain sexually faithful to each other and who do not abuse needle drugs, have almost no chance of getting HIV infection or AIDS.

T F U 13. The proper use of the right kind of condom is a good way to reduce the chance of getting the virus.

T F U 14. People infected with the virus through needle-drug abuse can pass it on to sex partners even though their partners do not abuse needle drugs.

T F U 15. One can get information about AIDS from a physician or community health organization.

Answers: The correct answers are as follows:

| | | | |
|---|---|---|---|
| 1. F | 5. T | 9. F | 13. T |
| 2. T | 6. F | 10. T | 14. T |
| 3. T | 7. F | 11. F | 15. T |
| 4. T | 8. T | 12. T | |

**TEACHER BACKGROUND NOTES: SOME QUESTIONS AND ANSWERS ABOUT AIDS**

1. What is AIDS?

AIDS (Acquired Immune Deficiency Syndrome) is the most serious form of an infection that is caused by Human Immunodeficiency Virus (HIV).

2. What causes AIDS?

AIDS is caused by the Human Immunodeficiency Virus (HIV). If HIV gets into a person's blood, it infects and may destroy certain white blood cells called helper T-cells. These white blood cells are very important to the body because they help to fight disease. Once the cells are weakened, the body's immune system cannot work properly.

3. How is the virus that causes AIDS transmitted?

The virus is transmitted primarily through sexual intercourse (anal, vaginal, and possibly oral). The virus that causes AIDS lives in certain body fluids, especially blood, semen, and vaginal fluids. It may enter a person's bloodstream through the rectum, vagina, or penis. Small, almost invisible tears in the surface lining of the vagina or rectum may occur during insertion of the penis. The virus can be contracted most readily through anal intercourse with an infected person.

The risk of infection increases with the number of sexual partners. The more partners a person has, the greater the risk of becoming infected with HIV infection or AIDS.

HIV can also be transmitted through the sharing of contaminated needles during intravenous drug abuse. It can also pass from a pregnant woman to the fetus in her womb. To date there are no documented cases in which kissing has been responsible for the transmission of HIV. Dry or social kissing presents no danger of infection.

4. How contagious is HIV?

HIV is not considered to be highly contagious. The virus is very fragile and cannot be spread through the air; nor can it live outside the body for any length of time. It cannot be spread by casual contact with persons or things; for example, it cannot be transmitted through food, water, eating utensils, drinking fountains, swimming pools, hot tubs, toilets, or such much-handled objects as money, door knobs, or telephones. Since the virus cannot be transmitted through the air, it cannot be spread through coughing or sneezing.

Source: Education About AIDS, Ontario Ministry of Education, September 1987. Part C, pp. 9-12. Used with permission.

HIV has been found in tears, saliva, and breast milk. To date there are no documented cases in which tears or saliva alone have been responsible for the transmission of the virus and only one case involving breast-milk transmission.

5. How does HIV attack the immune system?

When disease-causing organisms enter the body, special white blood cells, called helper T-cells, attack these organisms. The helper T-cells stimulate B cells (white blood cells) to make antibodies, which start to kill the disease organisms. Other special cells move in to destroy the bacteria or viruses, but these are able to work only if they are helped by the T-cells. The T-cells are an essential part of the immune system.

If HIV is able to enter the bloodstream, it attacks the helper T-cells and literally takes them over. The helper T-cells in turn produce additional HIV and are destroyed in the process.

An infected person may show no signs of the disease. The incubation period for AIDS (i.e., the time between infection and the development of symptoms) can be as long as ten years, and during this time the virus may gradually destroy some of the helper T-cells. This results in the deterioration of the immune system.

If a person is carrying the virus, that person can still infect others, even if he/she shows no sign of the disease. A carrier may not know that he/she is a carrier. People infected with HIV will remain infected for the remainder of their lives or until a cure is discovered.

6. What are the signs and symptoms of HIV infection?

No signs or symptoms. Some people remain apparently well after having been infected with HIV. They may have no physically apparent symptoms of illness. However, if proper precautions are not used with sexual contacts or intravenous drug abuse, these infected individuals can spread the virus to others. Anyone who thinks that he/she is infected should not donate his/her blood, organs, tissues, or sperm, because they may now contain the virus that causes AIDS. As well, such an individual should seek appropriate counselling.

AIDS-related complex (ARC). This is a condition caused by HIV in which the infected person has a specific set of clinical symptoms. Signs and symptoms of ARC may include loss of appetite, weight loss, fever, night sweats, skin rashes, diarrhea, fatigue, lack of resistance to infection, and swollen lymph nodes that persist for a long time. These are also signs and symptoms of many other diseases, and a doctor should be consulted for diagnosis.

AIDS. Only a medical doctor can diagnose AIDS, which is the end stage of a progression of infection caused by HIV. AIDS destroys the body's immune system and allows otherwise controllable infections to invade the body and cause additional diseases. These opportunistic infections, which would not otherwise cause illness, may eventually cause death. Although HIV in all infected people is essentially the same, the reactions of individuals may differ.

Symptoms of AIDS and the opportunistic infections may include a persistent dry cough and fever with shortness of breath or difficult breathing. These symptoms are associated with Pneumocystis carinii pneumonia, a parasite found widely in nature and in the lungs of animals and humans.

Persons with AIDS may also develop Kaposi's sarcoma, a rare form of cancer. Multiple purplish blotches and bumps on the skin may be a sign of this cancer.

HIV may attack the nervous system and cause delayed damage to the brain. Some of the symptoms of this damage, which may take years to develop, are memory loss, apathy, loss of coordination, partial paralysis, and mental disorder.

7. Who is at risk from AIDS and HIV infection?

People who practice certain behaviour are at risk. The following are examples:

- a person who has a sexual relationship with an infected person,
- people with many sexual partners, who are more likely to have intercourse with an infected person,
- people who abuse intravenous drugs and share needles.

8. How can AIDS and HIV be prevented?

Education is the best defence against AIDS and HIV infection. A vaccine is very unlikely for many years. To date there is no treatment capable of destroying HIV and repairing the body's immune system. The following is a list of preventive measures:

- Sexual abstinence is the most effective means of prevention of the spread of AIDS for single people. A monogamous relationship between two people who are not infected with the virus is the most effective means of preventing the spread of the disease for partners who are in a permanent relationship.

- If abstinence or mutual monogamy is not practised, the correct use of a latex condom with spermicidal foam or a water-based lubricant is the only practical way to protect oneself against the disease.

- Obviously, the most effective precaution intravenous drug abusers can take against HIV is to stop using drugs. Those who choose to continue to abuse drugs should refrain from sharing their own or using other people's equipment (needles and syringes).

- Inconsideration of others, a person with HIV infection, ARC, or AIDS has a responsibility to take every possible precaution to avoid transmitting the virus.

9. Is there a Cure for AIDS?

   There is neither a cure nor a vaccine for AIDS. Eighty percent of people with HIV infection die within three years of diagnosis of full-blown AIDS. To date no one has recovered from this disease.*

10. How are AIDS and HIV infection treated?

    At this point, AIDS and HIV infection cannot be treated. Doctors treat the opportunistic infections.

* The source for this response comes from Manitoba Health.

## TEACHER BACKGROUND NOTES: LIFESTYLE STRATEGIES

### A. Values and Decision Making

Lifestyle strategies are personal and interpersonal skills that enable people to use information in order to take charge of their health. They help people to make and act on sound decisions about their health. In the case of AIDS, although the media and the government have bombarded the public with factual information, people must still decide how they will behave in the light of that information.

An opportunity to consider the complexity of situations such as these is important. Young people need time to unravel the complexity of relationships, to examine the stereotypes and influences they have been exposed to, and to stress their values and beliefs. They must be helped to value themselves sufficiently to care about what happens in the future and to weigh the pros and cons of adolescent risk taking. They must explore and practise the skills that will enable them to decide what they need to do to take care of themselves and allow them to be assertive and confident enough to take the necessary action.

Values awareness, decision making, and assertiveness have been selected as examples of living skills that might be integrated into the topic of AIDS. These skills can also be integrated into the case-study approach, which is discussed in the next section.*

There are 'right' and 'wrong' values depending on an individual's and a society's religious beliefs, personal beliefs and cultural mores. However, there exists a set of universal or core principles of morality. Over time, civilizations have held eight universal or objective values in common. They include:

1. The Law of General Beneficience - showing kindness and good will to others
2. The Law of Special Beneficience - showing kindness and good will to family and friends
3. Duties to Parents, Elders and Ancestors - showing respect for parents and elders
4. Duties to Children and Posterity - showing respect and reverence for children, who will become our future generations
5. The Law of Justice - showing honesty, sexual justice and equal justice to all
6. The Law of Good Faith and Veracity - having faith and trust in mankind
7. The Law of Good Mercy - having mercy on all those who are in need
8. The Law of Magnaminity - overlooking injury or insult; not hurting or exploiting others either directly or indirectly**

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* Source: Education About AIDS, Ontario Ministry of Education, September 1987. Part C, page 15. Used with permission.

** Source: Kathleen Gow, Yes, Virginia, There Is Right and Wrong, Values Education Survival Kit (Toronto: John Wiley, 1980).

Such universal values or core moral precepts transcend cultural and religious differences. Universal values are supported by the mandate of the school system which states: "While it is impossible to identify a particular position on a given set of values that should be conveyed to all, many qualities of mind and character are clearly seen as desirable and should be developed, e.g., honesty, respect and concern for others, empathy and tolerance, cooperativeness, resourcefulness, self-reliance, open mindedness, concern for societal issues and an open attitude towards social change, respect for legitimately consulted authority, capacity for hard work, willingness to become involved in genuine search for solutions to problems."* Thus, values in health education should focus on a sense of caring and respect for family and others, kindness, honesty, compassion and respect for self.

B. Value Awareness and AIDS

Sexual abstinence is the most effective means of preventing the spread of AIDS for single people. A monogamous relationship between two people who are not infected with the virus is the most effective means of preventing the spread of the disease for partners who are in a permanent relationship.**

Since there are value issues concerning AIDS, it is not enough for students to have only the facts about the disease. Students must begin to sort out feelings and beliefs in order to behave responsibly themselves and towards others.

From a general discussion of the Universal Values, the teacher could proceed to the following strategy:

1. Provide information about AIDS through discussion of a fact sheet (See Teaching Supports, 8.3.8, "Some Questions and Answers About AIDS" and "AIDS in Canada: What You Should Know.")

2. Outline a situation or issue and by using key questions provides a model for students to follow in examining values with respect to AIDS.

   Following is an example of some key questions:

   . How should people behave towards those with HIV infection?
   . How should people behave towards those suffering from AIDS itself?

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* Source: Manitoba Department of Education, Administrative Handbook (Winnipeg: The Department, 1983), Section 3, p. 3.

** Source: Education About AIDS, Ontario Ministry of Education, September 1987. Part C, page 15. Used with permission.

3. Class divides into small groups to discuss specific situations or case studies using the following suggested components of the decision-making model as a guide:

   . Define the problem.
   . List alternatives.
   . Weigh the pros and cons of each alternative.
   . Select the best alternative.
   . Act on the decision.
   . Evaluate.

   One student acts as the recorder for the group and agrees to report to the large group.

4. Teacher directs feedback from small groups and links responses to particular values. Students and teachers might collect ideas from recent newspaper clippings or use case studies provided in this resource.

C. Decision Making and AIDS

Decision making is an important skill related to AIDS for young people who are faced with choices that are often difficult to make and that may have long-ranging consequences. Teens are examining their own values and, at the same time, are trying to deal with pressure from friends.

The classroom setting provides a safe place to examine hypothetical situations. Emphasis can be given in a controlled setting to the range of choices available in a given situation and the importance of values in making the decision.

Students divide into pairs and discuss the following, an example of a situation using steps for decision making. Use the decision-making model found above.

> Bill has AIDS. He has Kaposi's sarcoma and some of the lesions from the disease show on his face. He has just bought a ticket to a movie when the manager of the theatre notices his condition. The manager asks him to take a seat in the balcony because he fears for the well-being of the other patrons. Bill refuses and sits in a seat near the middle of the theatre with the majority of the viewers. The incident causes a problem. What should the manager do?

Follow-Up

Focus on the need to practice using the decision-making model and the importance of learning specific content about AIDS in order to become aware of action strategies related to AIDS.

D. Assertiveness and AIDS

Assertiveness involves standing one's own ground without being insulting or putting anyone else down. The meaning of the term may be clarified by examining the differences between non-assertive (passive), aggressive, and assertive.

Assertiveness involves a number of skills which, with sufficient practice, can be used in a natural way. The feeling of personal control is an important part of assertiveness and a most important skill related to the management of AIDS.

E. Role Playing

Role playing is a strategy through which students may practice the component skills of decision making and assertiveness in order to gain greater understanding of their own and others' feelings. It must take place in a climate that is safe for students, permissible of strong feelings, and respectful of ideas and feelings of all students in the class.

The teacher demonstrates through a role play the difference between non-assertive, aggressive and assertive stances and discusses component skills and the effects of certain behaviour.

Example: Teacher will take the role of Claudette. Volunteer will take the role of the manager.

Situation: Claudette is returning a white, oversized jacket to a small clothing store. The salesperson refuses to accept the return because he notices a black smudge on the inside of the jacket. He accuses Claudette of having worn the jacket. He also notices that Claudette looks very much like his brother who is suffering from AIDS. He holds firm to the "no return."

In other situations, students practice in pairs assertive responses to the following:

1. "If you don't come to the party, you can forget our friendship."

2. "You always say 'no' to having some fun. Won't you ever relax?"

3. "Yesterday at work, three people told me jokes about AIDS. I wanted to scream. Of course, they had no way of knowing that my sister is a person with AIDS."

## A CASE STUDY APPROACH

Case studies are intended to enhance decision making and communication skills about AIDS. No matter whether the case is analyzed on paper or in a large or small group, the process of learning is the same. Teaching students how to apply generalizations, how to empathize, and how to predict are important parts of analysis. Students need to be able to identify with the feelings of all people in the case.

The following case studies are taken from real-life situations and have been edited and changed for educational reasons. The facts provided are substantiated by research and clinical practice as of May 1987.

The case studies provide the opportunity to deal with various issues related to AIDS. Selection of cases by the teacher should be based on the needs and interests of the students in the class.

There are various ways to present case studies; for example, copies of the study could be handed out, the teacher could read the study to the class, students could act out the situation, a student could read the study, or individuals could relate real-life problems.

For each of the case studies, suggested questions and answers have been included. These may be helpful as a guide in the analysis and discussion of the case.

CASE STUDY NO. 1

Peer Pressure--Sexual Influences and Pressures on Teenagers

Theresa and James are in Grade 8 at the same school. They have a special relationship. They spend a lot of time together and really trust one another. They confide many of their secret fears and hopes; they talk about their parents and what is happening at school. They have become best friends.

James is starting to put some pressure on Theresa to kiss and hug. Theresa is clear about her feelings and tells James that they should just be friends. This is causing some tension between them. They don't seem to talk about the really important things anymore.

James confides to one of his teachers: "Sometimes I get pressure from my friends to do something with a girl and I don't want to."

Theresa confides to one of her teachers: "Sometimes I get pressure from a friend to do something with a boy and I don't want to."

Source: Education About AIDS, Ontario Ministry of Education, September, 1987. Part C, pp. 34-36. Used with permission.

Suggested Questions and Answers

The answers to the following questions are based on replies from adolescents in research studies. They might be compared with the answers given by the class.

1. Is there pressure on teenagers in early adolescence to have a boyfriend? a girlfriend?

   Some teenagers feel this pressure; others do not.

2. Where does the pressure often come from?

   Friends of the adolescents' own age and sex are likely to be the most important source of pressure to have a boyfriend or a girlfriend. Pressure from friends of the opposite sex is much less important. Other influences, such as television and radio, are minimal; videos are considered to have a strong influence.

3. Is there pressure on young teenagers to enter into a sexual relationship?

   If boys feel pressure to have sexual intercourse, the pressure often comes from other boys. Girls feel that pressure comes from boyfriends and friends of the same age and sex.

4. How do girls and boys feel about this pressure?

   The girls are not happy about this pressure from boys and think that the boys make it difficult to be just friends. Boys feel very uncomfortable about pressure from other boys to prove their maleness in this way.

   Teens value relationships with the opposite sex for friendship and companionship and are cautious about experimenting with sex at an early age. Much of the pressure to begin sexual activity comes from the fact that the person does not want to hurt the other person's feelings.

5. How do parents feel about teens and sexual pressure?

   Parents want their children to be happy and able to form meaningful relationships. Parents are concerned that pressure can lead to unhappiness, especially if teenagers fear that something is wrong with them if they do not have a boyfriend or a girlfriend. They worry that their children could be missing out on the fun of growing up.

6. How did Theresa and James deal with sexual pressure?

   Theresa and James realized that they had choices and acted accordingly. They also decided to talk with two of their teachers, people they trusted.

7. What situations increase the chances for sexual pressures?

Such situations might include being at home alone with a boyfriend or a girlfriend, walking away from a gathering to a more secluded area with someone, or inviting a boyfriend or girlfriend over while babysitting. Possible responses in such situations might include the following:

. "Let's not walk away from the party; I'd really rather not do this."
. "Please don't stop here; please take me home."

8. Why is it important to talk with an adult you trust, such as a parent or teacher, about sexual feelings and concerns?

Talking with someone may help to clarify feelings and provide an opportunity to look at different points of view. It may also be a chance to share some specific information about sexuality.

9. Is physical affection always sexual in nature?

Touching should not always be interpreted as a "sexual" move. A hug, a kiss, or a touch does not have to mean that a sexual response will follow. With friends, a hand on the shoulder can be comforting. Touching can be a positive way of showing that a person cares.

Follow-Up Activities

a) Students role play one of the situations described in question 7 above to show the difference between non-assertive (passive), aggressive, and assertive behaviour in response to peer pressure.

b) Students brainstorm a list of reasons that adolescents give for having sexual intercourse and another list of reasons that adolescents give for saying no to sexual intercourse.

c) Students form groups of six. Each group is given an example of sexual pressures (e.g., "You would if you loved me.") to which they are to write an answer. At the end of the activity, they present their answers to the class.

d) Students prepare a "summary statement" from the class discussion on sexual pressures. They might share their summaries with their parents or adult friends.

CASE STUDY NO. 2

In the past, children have contracted HIV infection through blood transfusions. These transfusions were necessary as part of their therapy for particular illnesses or health disorders (e.g., leukemia, kidney disease, hemophilia) or as a life-saving measure following surgery or an accident.

Fear of AIDS

Fourteen-year-old Marguerite was injured in a car accident in 1982 and required a blood transfusion. The blood she was given was contaminated with HIV, and she developed AIDS in 1984, just when the general public was becoming aware and frightened of this new disease.

Marguerite was taken out of school for some time when she first became ill. When her parents and doctor felt that she was well enough to return to school, she was re-enrolled. However because she was from a small community, the fact that she had AIDS had become generally known. Many parents were afraid for their children and complained to school officials about Marguerite's being permitted to stay in school. Some kept their children at home. They also picketed outside the school and even took school officials to court to stop them from permitting Marguerite to attend. The court ruled that these parents were wrong and that Marguerite could attend school. Marguerite's parents, very positive and loving people themselves, were able to nurture Marguerite's self-esteem in spite of the picketing and the angry feelings of some of the other parents.

The situation has since been resolved, and Marguerite is at school when she is well enough to attend.

Suggested Questions and Answers

1. Why were some of the parents in the school afraid to let their children associate with Marguerite?

   The parents did not understand that a person cannot catch AIDS through casual contact on the playground; by using public washrooms, swimming pools, public telephones, or drinking fountains; by eating in restaurants; by hugging people; and so on.

   It is important to understand that AIDS is not spread by casual contact. The virus that causes AIDS is most often contracted through sexual intercourse with an infected person--male or female. It is also spread by intravenous drug abusers through the use of contaminated needles or from an infected mother to the fetus in her womb.

Source: Information About AIDS, Ontario Ministry of Education, September 1987. Part C, pp. 25-28. Used with permission.

Many studies have shown that in most cases the virus that causes AIDS does not spread in situations involving non-sexual or non-needle contact. Of the AIDS cases known in the world, almost all can be accounted for by these routes of transmission. Tens of thousands of health-care workers have been casually exposed to AIDS patients, but of these only a few have developed HIV antibodies, mainly through accidents with needles.

2. Are people who get blood transfusions still in danger of getting AIDS?

No. Since November 1985, the Canadian Red Cross, which offers blood-transfusion services, has been screening all blood donations for antibodies to HIV. Blood that contains the antibodies is destroyed. As well, many processed blood products are pasteurized, which kills the virus that causes AIDS.

3. What possibility is there that Marguerite's mother will contract AIDS from her?

No one has developed AIDS as a result of normal intimate contact other than sexual contact with a family member with AIDS. However, if a family member is involved in the care of an infected person, safety precautions, such as the use of plastic gloves before any contact with body fluids and the use of bleach solutions for clean-ups, are recommended.

Studies by scientists of the families of people with AIDS and of health-care workers involved in the care of people with AIDS consistently confirm that it is not possible to contract HIV except by the previously described routes or in very exceptional circumstances.

4. How do you think children in Marguerite's position would like to be treated?

They would find it very difficult to have this disease in the first place, given all that is said about it in the media, and they would like to have the support of their schoolmates, friends, and teachers to make things easier for them. They would find it hard to understand why people were afraid of them and wanted to isolate them, because they were sick, especially since they have been told that they cannot give this disease to anyone else by going to school. They would probably want to go to school when they felt well enough to attend.

5. Should a child with AIDS be allowed to go to school?

Yes. There is no reason to keep a person away from school because he/she has AIDS. Current evidence indicates that casual person-to-person contact such as would occur among children at school poses no risk.

6. How might Marguerite's parents have kept her self-esteem so high during this crisis?

Marguerite's parents talked to her and assured her that she would be able to go to school with her friends once people understood the disease and no longer feared that it could be passed to others by casual contact.

7. Why did the courts permit Marguerite to attend school over the objections of other children's parents?

The courts are concerned about both Marguerite's right to attend school and the rights of parents to protect their children from any dangers. However, after objectively viewing the medical and scientific evidence on the virus that causes AIDS, they concluded that there was no danger of casual transmission and that Marguerite's right to attend school was more important than the other parents' attempts to have her kept out.

8. Should other people have known about Marguerite's having AIDS?

No. There is no reason for her private medical records to have been shared with the public or even with school authorities, given that her presence in school was not a danger to others. This rule applies to all diseases and not just to AIDS. Because this information was shared, Marguerite and her family were caused a great deal of additional suffering as a result of being picketed and publicly labelled. The other parents also suffered unnecessary anxiety.